

**Delawareans Without Health Insurance  
2006**

**prepared for  
the Delaware Health Care Commission**

**by**

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## Executive Summary

Delawareans are doing better than the nation and the region in obtaining health insurance. Some 12.7 percent of Delaware's residents were without health insurance in 2006. This rate is higher than observed in the last four reporting periods. Currently 105,000 people are estimated to be without health insurance. The uninsured rate for the region, which includes Maryland, Pennsylvania, New Jersey and New York is higher (13.1%) than that for Delaware as is the national rate (15.9%). Delaware currently ranks 32<sup>nd</sup> among the states (Minnesota has the lowest rate and is ranked 50<sup>th</sup>). This year's ranking is slightly higher than in 2005 when Delaware ranked 33<sup>rd</sup>.

Research suggests that the uninsured are more likely to delay seeking primary care. They are also less likely to be screened for cancer and cardiovascular disease and as a result are apt to be diagnosed in the later stages of the disease.

The uninsured are six times more likely to say they use the emergency room for their health care and are five times more likely than those that have health insurance to say they could not see a doctor because of the cost. However, the uninsured assess their current health only slightly lower than those that have health insurance.

Over the past five years, the percentage of uninsured Delawareans has risen from 9.7% to 12.7%. While the overall rate is well below the national rate and that of the surrounding states, the trend is not favorable and deserves careful monitoring.

Who are the 105,000 uninsured?

- 22% are under the age of 18
- 68% are working adults
- 55% are male
- 70% are White
- 16% are Hispanic
- 19% live alone
- 32% with household income over \$50,000
- 62% own or are buying their home
- 7% are self-employed
- 15% are non-citizens
- 83% are above the poverty line

## Introduction

The Delaware Health Care Commission has, since its inception, been concerned about access to health care for all Delawareans. While that is not its only focus, since the Commission's mandate is broad, improving access to health care is a primary goal. Access to health care has several dimensions. One of those dimensions is covered in this report, and that is health insurance coverage. Those with health insurance typically enjoy greater access to health care providers than do those who are without it.

Persons who do not have health insurance are still likely to require medical care at some point in time. When they do require such services, their condition may be significantly worse than had it been detected and addressed at an earlier stage. In addition, the uninsured will tend to use one of the most expensive providers, the emergency room. Ultimately, providers must cover all of their costs. Services delivered to the insured and the uninsured alike, figure into that cost. As a result, some of the cost of services provided to the uninsured is shifted to the insured population. This raises the overall cost of fringe benefits to employers.

To better understand the nature of the uninsured population, the Delaware Health Care Commission has been monitoring its size and structure for a number of years. This report is a significant update and offers both new information and analysis. **It adds information for the year 2006 to the database and a recently revised data set for 2005.** The primary source of the data is the Current Population Survey conducted by the US Bureau of Census. The survey is conducted annually in March and in 2006 some 1,164 households were selected to be interviewed in Delaware. In contrast to most household surveys, data is collected for all persons living in the household (3,240) making it possible to obtain data about children.

The report has three major sections. In the first section, the current status of the uninsured in Delaware and the region (DE, MD, PA, NJ, and NY) is discussed. A time series, beginning in 1982 and ending in 2006 is used to show any trends. The second section focuses on the labor market in Delaware and existing and future trends that might affect employer provided health coverage. The third section contains information on health insurance coverage for a variety of demographic variables. The implications of current demographic trends are also considered in this section. With few exceptions, three-year moving averages are used to measure the variables.

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## **The Uninsured**

### **Background**

Two primary sources of data are available for measuring access to health insurance in Delaware. The first source is the March Current Population Survey (CPS), conducted annually by the U.S. Bureau of Census. The second source is the Behavioral Risk Factor Surveillance System, conducted monthly for the U.S. Centers for Disease Control and Prevention by the Center for Applied Demography & Survey Research at the University of Delaware, through the Delaware Division of Public Health. Both sources are valuable in their own right, but each has associated advantages and disadvantages.

The CPS is conducted monthly throughout the nation and is designed to measure the unemployment rate and other employment related statistics for the 50 states and the nation. Some 75,939 households were interviewed in the sample in March 2006 and data was gathered on 208,562 persons in those households. Each month, the basic employment information is gathered along with optional information that changes from month to month. The March CPS is usually referred to as the annual demographic file, since it captures a broad array of demographic information along with basic employment data. Part of that demographic information concerns health insurance coverage.

In Delaware, the 2006 March CPS involved 1,267 households. Of those households selected 1,164 (91.9%) participated. Some 3,240 persons resided in those households. This sample size is sufficient for producing statewide estimates on a wide variety of demographic indicators. When measuring the percentage of the population without health insurance, for example, the accuracy is approximately +/- 0.8%. Three-year averages can be reported reliably at the county level although the accuracy is less.

The health insurance questions were added to the CPS in 1982. There were modifications to the questions in 1989, again in 1995, and verification questions were added in 2000. However, a consistent data series can be constructed in spite of the changes. One aspect of the health insurance questions, time frame, is important to understand, since it differs between the two primary sources of data. The questions on the CPS are asked with reference to the previous year. Thus, in March 2006, respondents were asked about health insurance coverage in 2005.

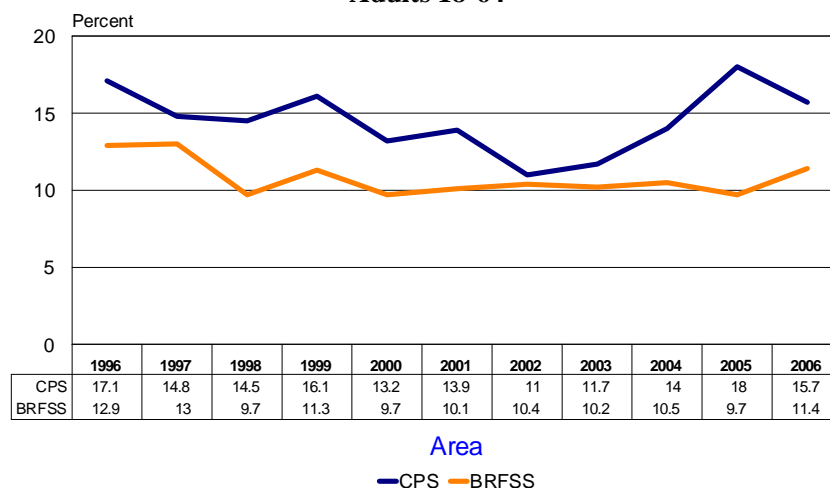
However, there is considerable evidence to suggest that the responses given are highly correlated with their current health insurance status or at least to the current quarter. The U.S. Bureau of Census conducted significant parallel testing between the Survey of Income and Program Participation (SIPP) and the Current Population Survey. The SIPP sample of households is part of a panel that is re-interviewed quarterly for more than two years. Thus, the survey is able to more accurately follow the respondent's health insurance status over time. The comparisons of estimates of health insurance coverage obtained from the CPS show a strong relationship between the SIPP responses and the CPS responses at the time the questions were asked. Thus, for purposes of this report, the year referenced in the tables and text always refers to the year in which the survey was conducted.

The second source of health insurance information is the Behavioral Risk Factor Surveillance System (BRFSS). The survey has been carried out by the Center for Applied Demography & Survey Research since 1990. The sample consists of residents of the state who are 18 years old or older. Each month approximately 330 households are contacted statewide and then an adult respondent is randomly chosen from within each household to be interviewed. The survey is wide-ranging. Among the questions asked are whether the person being interviewed currently has health coverage. If they are not covered, they are asked how much time has elapsed since they were covered. The limitation of BRFSS is that it only represents adults. However, the sample size is sufficient to obtain county level estimates that are more accurate than those that can now be obtained from the CPS.

Together the BRFSS and the CPS provide a powerful set of data for understanding the health insurance problems in Delaware today. A comparison of the two measurements of the uninsured among Delaware's adults is provided in the figure below.

The figure clearly shows that the CPS estimates of uninsured adults have been above those of BRFSS during this ten-year period. The CPS estimates appeared to be converging with those of BRFSS until 2003. In 2004 and 2005 the estimates of the two series diverged. This trend, if it is real, is troublesome. The difference is twice any difference observed over the decade. This suggests that the 2005 CPS estimate may be a statistical anomaly. As the graph shows, the 2006 CPS estimate and the BRFSS 2006 estimate are much closer.

**Figure 1-1**  
**Comparison of the Uninsured Measured by Alternative Data Sources**  
**Adults 18-64**



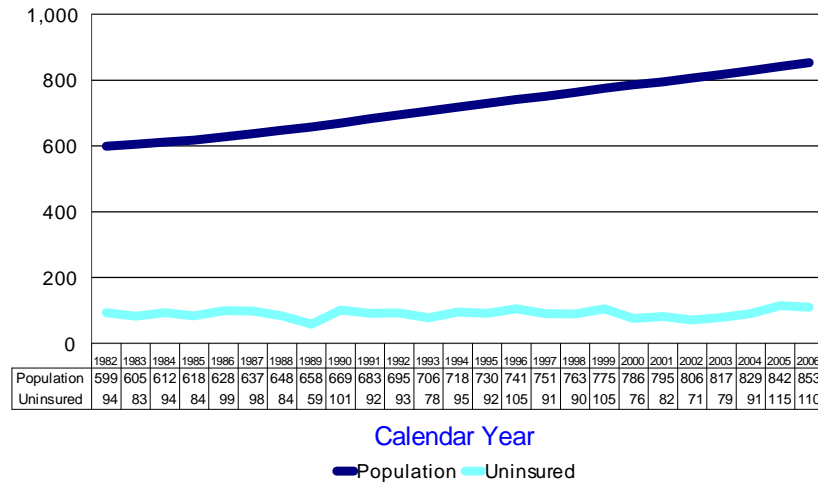
Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1996-2006  
 Delaware Health and Social Services, 1996-2006 Behavioral Risk Factor Surveillance System

In the balance of this section, the current estimates of the uninsured will be presented. In addition, time series information will be used to show trends contained within those estimates. Finally, county level estimates will be provided along with a comparison of Delaware with the larger region.

### The Uninsured 1982-2006

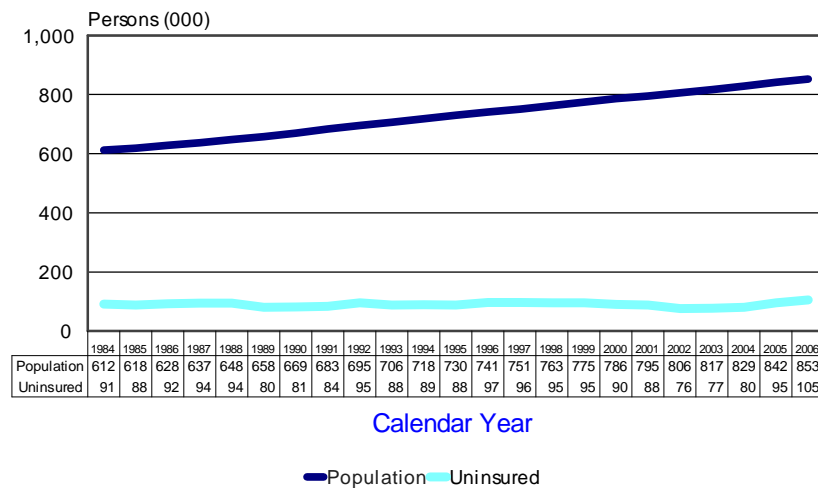
The point estimates for the number of persons without health insurance from 1982 to 2006 are shown in Figure 1-2 below. The term “point estimate” is used here to describe the results obtained from the CPS for a single year. There are several general observations that can be made about the information contained in this figure. First, the number of persons without

**Figure 1-2**  
**Estimated Persons without Health Insurance**  
**State of Delaware**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1982-2006

**Figure 1-3**  
**Estimated Persons without Health Insurance**  
**State of Delaware (3-year average)**



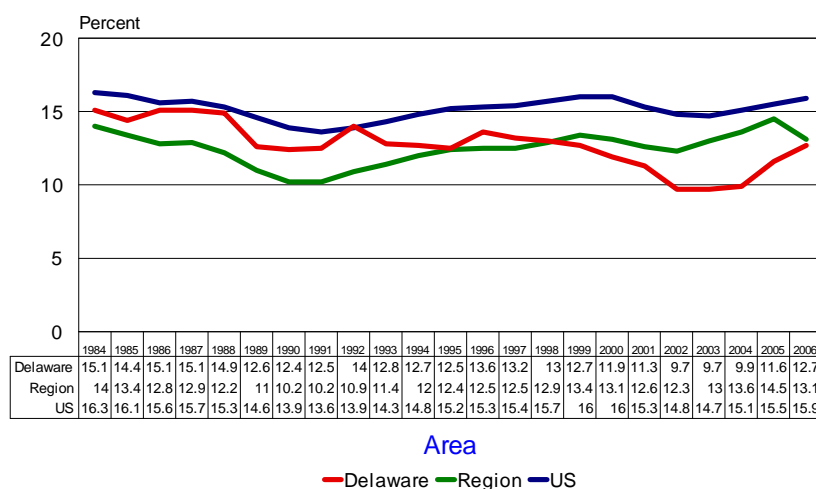
Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1982-2006

health insurance in 2006 (110,000) decreased during the past year. The decrease in the point estimate for 2006 coupled with a revision downward of the 2005 estimate from 120,000 to 115,000 suggest that the recent rapid increases may be slowing.

Second, while the number of uninsured has averaged 90,000 over the period, the population of Delaware has increased by more than 241,000 since 1982. Had the number of uninsured kept pace with population growth, there would have been more than 18,800 additional persons without health insurance in 2006 based on the one-year estimate. Clearly, there are other factors operating that impact the number of uninsured apart from population growth.

Figure 1-3 shows the same information as a three-year moving average. This tends to remove some of the year-to-year fluctuations that are due to random variation associated with sample surveys. The number of uninsured varies between 76,000 and 105,000 over the entire period, which is a relatively small range given that the standard error is about 13,000. The sudden increase in the 1996 estimate appears to have been a statistical artifact that was not confirmed in either 1997 or 1998 (see Figure 1.2 above). A similar pattern occurred in 1999-2001. The 3-year average tends to moderate those movements.

**Figure 1-4**  
**Percent of Persons without Health Insurance**  
**US, Delaware, and the Region (3 year average)**

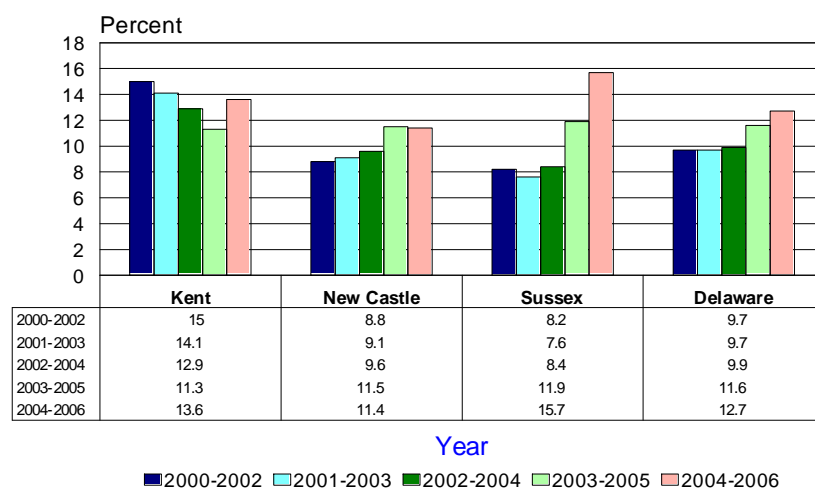


Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 1982-2006

The estimates for the proportion of the population in Delaware without health insurance, shown in Figure 1-4 above, have also shown distinct improvement since their recent peak in 1996. The rate has fallen over the years from about 15.1% in the 1986-1988 time period to approximately 12.7% in the early 2000s. Some of this is undoubtedly due to legislative and policy initiatives, but at least some of the shift may be attributed to favorable demographics. In either case, Delaware is better off.

Also found in Figure 1-4 are comparative rates for the region which includes Maryland, Pennsylvania, New Jersey, and New York. From 1982 through 1992 Delaware's percentage of uninsured tended to be about 2% higher than that calculated for the entire region. However, as the graph shows, the percentage in the region began to rise after 1989 and has risen higher until very recently. Delaware's rate although more variable, tended to fall during the same period but moved much higher during the past two years. At least part of this has to do with Delaware's economy, until recently a job creation machine that was even able to absorb the impact of major job cuts by some of the state's larger employers. The CHIP program and the liberalization of Medicaid also contributed to the decline. The reason for the recent increases is not as yet apparent.

**Figure 1-5**  
**Percent of Persons without Health Insurance in Delaware**  
**by County (3-year average)**

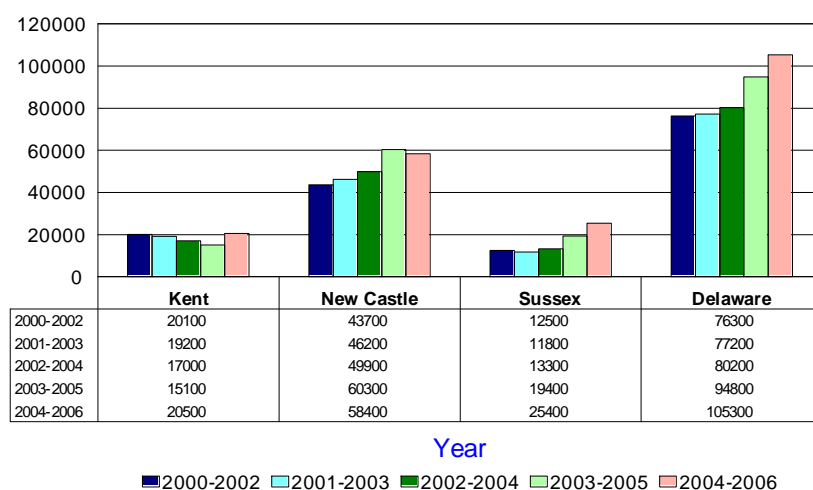


Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 2000-2006

Since 1996, the Census Bureau has provided county level identifiers on the CPS data. The sample sizes are sufficient to produce some rudimentary estimates at the county level. Since the sample sizes are small in Kent and Sussex counties, more random variation can be expected. The percentage of uninsured in each county is found in Figure 1-5, above. These three-year averages show significant differences between the county rates. Residents of New Castle County enjoyed the lowest rate consistently during the three-year period; however, the rate has been increasing recently. Sussex County is highest, with the percentage of uninsured averaging close

to 16% in the most recent period. Kent County also experienced an increase in the percentage of uninsured although the rates are consistent with past experience.

**Figure 1-6**  
**Persons without Health Insurance in Delaware**  
**by County (3-year average)**

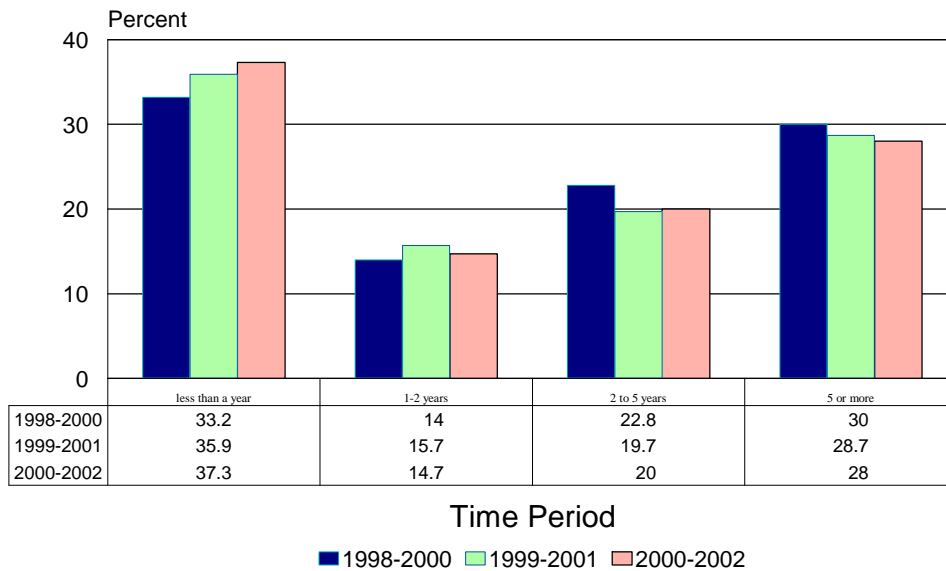


Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 2000-2006

The estimates of uninsured persons by county are provided in Figure 1-6, above. New Castle County residents are the most numerous even though the rate is slightly lower. Almost 55% of the uninsured reside in New Castle County. The only major change is a substantial increase in the number of uninsured living in Sussex County.

There are several interesting questions that can be addressed by either the BRFSS or the CAHPS, information particularly about those who are without health insurance. Those respondents were asked, “About how long has it been since you had health coverage?” Their answers are displayed in Figure 1-7, below. The data is reported as a three year average since there is a great deal of variability in the responses given the sample size is constrained to the number of persons currently without health insurance. Even with that constraint, the results are quite consistent. A little more than 37% of uninsured respondents report being without insurance for up to a year. These data suggest that the majority (almost 63%) of Delaware’s uninsured adults have remained uninsured for a significant amount of time. The longer the period an individual is without coverage, the higher the likelihood that they will develop a need for medical services.

**Figure 1-7**  
**Length of Time without Health Insurance in Delaware**  
**1998-2002**



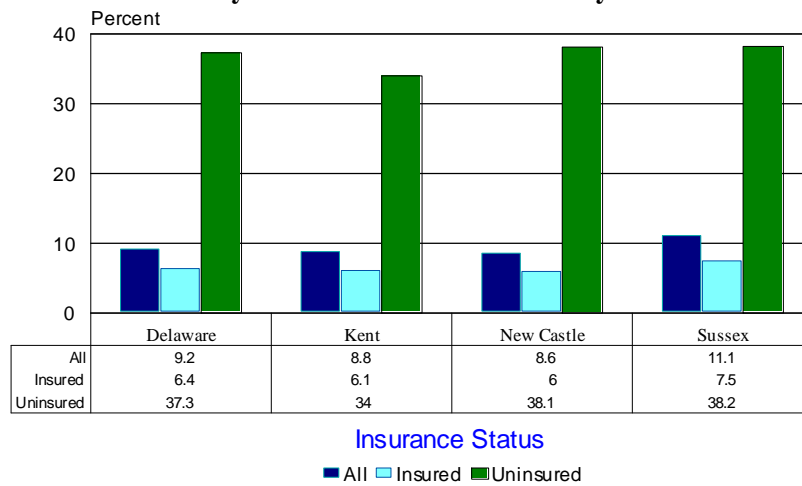
Source: Center for Applied Demography & Survey Research, University of Delaware  
 Delaware Health Care Commission, 1998-2002 CAHPS Survey

If 63% of adult Delawareans remain uninsured for one year or more, there is a high likelihood that they may need medical services of some kind. In addition, it is also likely that routine preventative measures may be overlooked. The BRFSS gives some insight to this issue in a question addressed to all respondents. They were asked if they had needed to see a doctor in the past 12 months but could not because of the cost. Their answers are tabulated in Figure 1-8, below.

About 6% of the people who currently had health insurance answered affirmatively to that question. In contrast, those currently uninsured were six times more likely to say that they had to forego a visit with a doctor. Those same results apply equally well across the three counties.

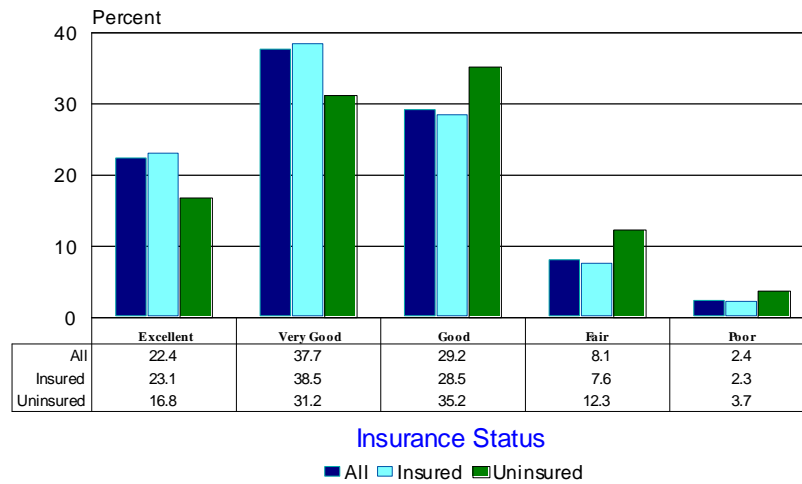


**Figure 1-8**  
**Needed a Doctor but too Costly**  
**by Insurance Status and County**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 Delaware Health and Social Services, 2004-2006 Behavioral Risk Factor Survey

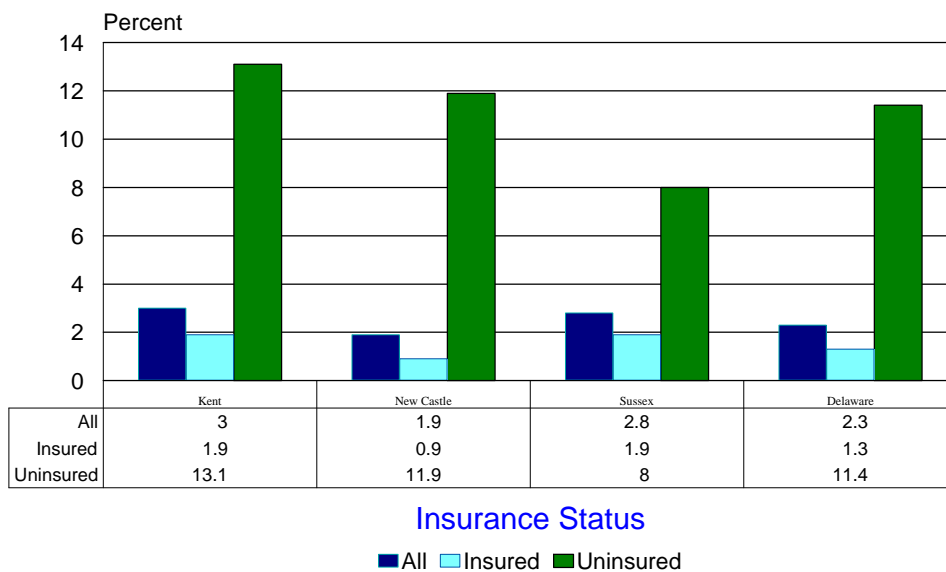
**Figure 1-9**  
**Health Status**  
**by Insurance Status**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 Delaware Health and Social Services, 2004-2006 Behavioral Risk Factor Survey

There is also reason to be concerned about the uninsured and their need for medical coverage. They may need a doctor more often if their health status is less positive than those who are insured. Evidence to this possibility is found in Figure 1-9 above, where the uninsured tend to be less optimistic about their health status.

**Figure 1-10**  
**Emergency Room Use**  
**by Insurance Status**



Source: Center for Applied Demography & Survey Research, University of Delaware  
Delaware Health and Social Services, 2002 Behavioral Risk Factor Survey

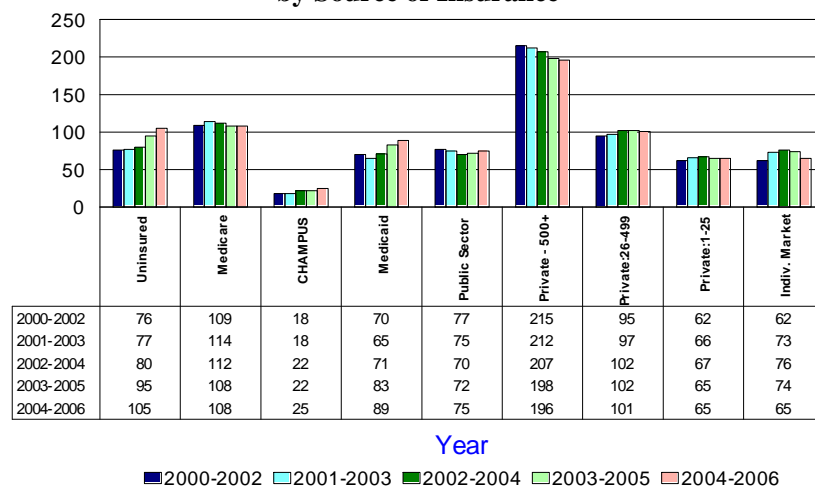
One other often mentioned feature of the uninsured is that they tend to use expensive health services, the emergency room. This position is supported by the data displayed in Figure 1-10 above. A person who reports being without insurance during the last year is far more likely to use the emergency room than their insured counterparts. The data suggest that 12,000 uninsured people could potentially arrive at Delaware's emergency rooms in a typical year.

Finally, it is useful to understand something about how people obtain their health coverage. This can be particularly important in determining the amount of influence government policy can have on Delaware's population. Figure 1-11 below shows that Delawareans get their health insurance in many different ways. Excluding the 105,000 uninsured, about 197,000 people receive their health insurance through one of three government programs, Medicare, Medicaid, or one of several military sources (CHAMPUS). Medicaid estimates are lower than what the state actually has enrolled (over 140,000). The difference is partly from the fact that people use

multiple sources of insurance during the year and a recognized tendency of the CPS to underestimate this number. It is also apparent that Medicaid recipients, who receive their benefits as the result of a program other than one related to poverty, may not report being a Medicaid recipient. In 2005 Delaware had the sixth lowest poverty rate in the US and as a result only 78,000 people would have been qualified for Medicaid without other programs being involved. Finally, research also indicates that people tend not to report government-provided health benefits if they received them for less than six months.

The public sector at all levels insures some 75,000 residents. There is some state data that suggests this number is closer to 85,000. If it is, the numbers covered by the private sector are probably too high. Within the private sector there are two distinct groups. The large employers (more than 500 employees) are largely self-insured and don't utilize the insurance market in a conventional way. These account for the largest single group of residents numbering more than 196,000. The balance, some 230,000 obtain their insurance through smaller employers who purchase various group plans in the insurance market or obtain insurance as individuals.

**Figure 1-11**  
**Number of Persons in Delaware**  
**by Source of Insurance**



Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census Current Population Survey, March 2000-2006

One interesting feature of this information, not found in Figure 1-11, is that many people report having multiple sources of health insurance over the year. For example in 2006, 15.5% of the population reported receiving Medicare, but only 5.1% say that Medicare was the only source

of insurance that they had during the year. Similarly, 11.1% reported Medicaid as a source of coverage, but only 4.1% said that it was their only means of coverage. These two situations probably represent two different dynamics. Medicare recipients are quite often carrying additional insurance to cover any medical services not handled by that program. Medicaid recipients, on the other hand, seem to be more likely to move from some type of group coverage to Medicaid and back again as their life situation changes.

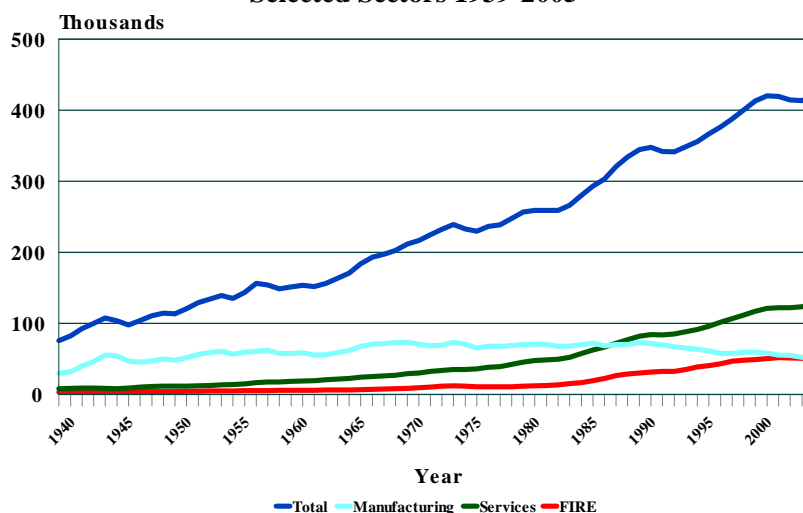
In conclusion, it should be noted that, while at any point there are approximately 12.7% of Delawareans uninsured, the proportion that is uninsured at some point during the year is closer to 19% based on national statistics. The same statistic derived from the Survey of Income and Program Participation, points to a median time without coverage of 5.6 months. This rate is lower than the one shown in Figure 1-7 above because children, who are less likely to experience periods without coverage, are included in the estimate. Overall, it appears that health insurance coverage in Delaware continues in the right direction and, with the addition of Medicaid managed care and the Children's Health Insurance Program, the proportion of uninsured Delawareans will at least be stable absent changes in other demographic and economic variables.

## Labor Market Issues

### Background

Health care coverage is inexorably linked to an individual's employment status along with the type and size of firm for which they work. Many Delawareans have recently experienced more instability in their labor market activity and this has, inevitably, affected aspects of their coverage. The factors producing this increased instability are varied and are both national and international in scope. There are, however, some basic trends that are important to understand since they are affecting and will continue to affect health care coverage in the years to come.

**Figure 2-1**  
**US Non-Agricultural Employment:**  
**Selected Sectors 1939-2005**

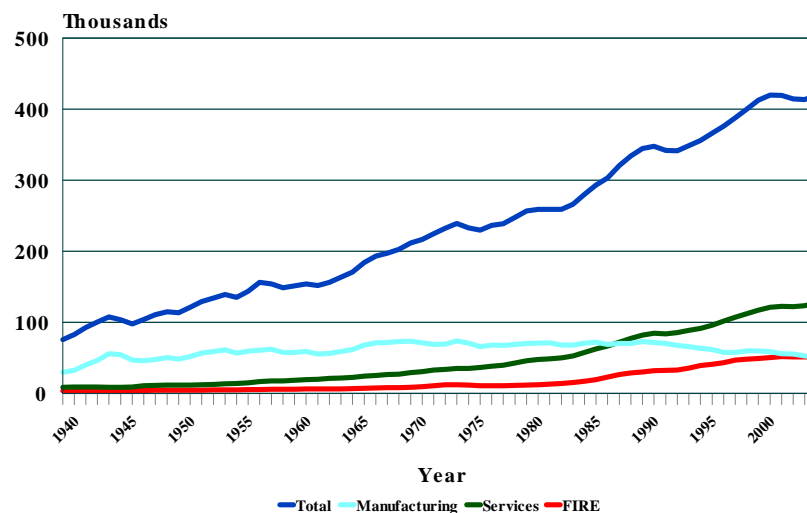


Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Labor Statistics

In Figure 2-1 above, the total employment for the United States from 1939 through 2005 is shown along with three of the ten employment sectors namely: manufacturing, services, and FIRE (finance, insurance, and real estate). The graph clearly shows the impact that the business cycle has had on total employment in the mid-1970s, the early 1980s, and the early 1990s. All of these economic events are likely to affect the percentage of persons without health coverage. The more subtle influence is related to the change in the structure of employment. Manufacturing employment reached its peak in the late 1970s and has been in a steady but very shallow decline for the most part. Service industry employment increased steadily over the entire period and

began accelerating its growth when manufacturing employment was at its peak. In 1981, service sector employment surpassed manufacturing employment and today it accounts for nearly twice as much employment as manufacturing. This trend will probably continue unabated for the foreseeable future.

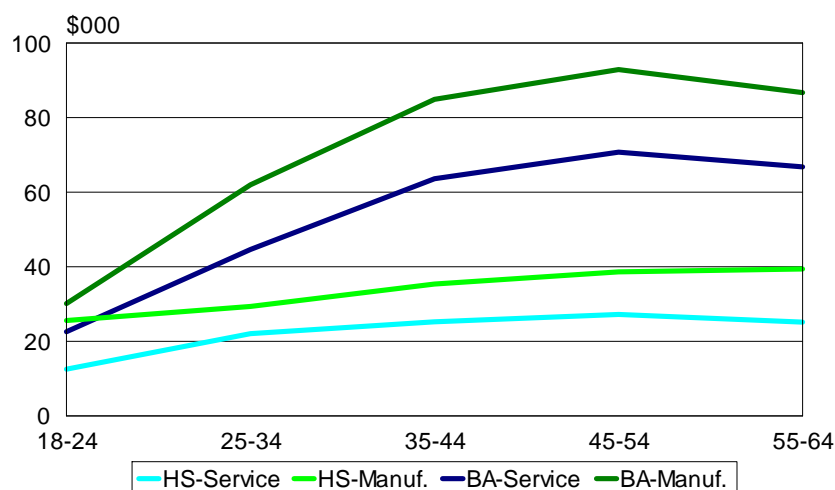
**Figure 2-2**  
**Delaware Non-Agricultural Employment:**  
**Selected Sectors 1939-2005**



Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Labor Statistics, Delaware Department of Labor

The pattern was similar in Delaware, although the recession of the mid-1970s was more severe and the later ones were perhaps less damaging than they had been nationwide. For instance, statewide manufacturing employment peaked during 1989. This marked the end of the expansion of the 1980s. Since then, the number of manufacturing jobs available to Delawareans has dropped significantly and continues to fall even today. In 1986, four years after it happened nationally, statewide service industry employment surpassed manufacturing employment. The rate of growth in service sector employment in recent years has slowed somewhat compared with the rate for the U.S. but this has been offset by the incredible growth in the FIRE sector. Employment in the FIRE sector clearly exploded after the passage of the Financial Center Development Act in the early 1980s. It continued to grow dramatically until the 1990-1991 recession. To most observers' surprise, the growth re-ignited in 1992 and continued until 2000 when the economic downturn began. A comparison of the trends in Figure 2-1 and Figure 2-2 show this to be a Delaware phenomenon.

**Figure 2-3**  
**Average Annual Earnings by**  
**Sector, Age, and Education**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census Current Population Survey, March 2006

The importance of these inter-sector employment shifts is shown in Figure 2-3 above. Figure 2-3 shows the average annual earnings by age, education, and industrial sector. The top two lines represent annual earnings for college graduates in the manufacturing and service sector respectively. The bottom two lines depict the same information for high school graduates in the same two sectors.

The graph shows a difference of more than \$25,000 in annual earnings between the two sectors for the higher level of education. The spread for high school education is now about \$10,000. If the same health care benefits were offered in both sectors, the cost to employers would be a much larger proportion of the annual salary in the service sector than in manufacturing. This suggests that employees in the service sector will likely be offered fewer benefits.

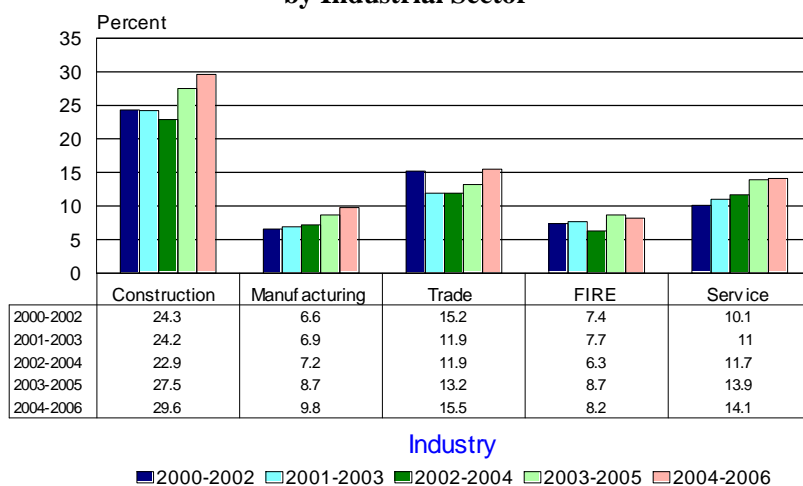
In addition, those employed in manufacturing are much more likely to be represented in a collective bargaining unit, a union. They are also more likely to work full-time with significant overtime, which further reduces the impact of the cost of benefits on total compensation. In contrast, service sector workers are more likely to be employed by non-union companies and are much more likely to work part-time. These factors, coupled with the increasing number of

service sector workers relative to the number of manufacturing workers will tend to increase the number of uninsured or under-insured people.

### Firm Sector and Size

There are significant differences in both the level and pattern of the uninsured, depending upon the type of industry in which an individual is employed. For instance, according to Figure 2-4 below, construction workers frequently report being uninsured. Although it may be noted that some construction workers are unionized, and are usually provided health coverage, many more are either employed by a non-union company or are self-employed. Overall, it is estimated that about 28% of all construction workers are uninsured.

**Figure 2-4**  
**Percent of Persons without Health Insurance in Delaware**  
**by Industrial Sector**



Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 2000-2006

Many persons employed in the trade industry (retail and wholesale) also find themselves without health coverage. Because this sector is not heavily unionized and is reliant on a large number of part-time workers (most of whom do not qualify for a typical health insurance package), it is not unexpected that an estimated 15% of those employed in the trade industry currently lack health coverage. The data since 2000 suggest that the trend for this industry that had been improving has now reversed.

Of the other industries represented in Figure 2-4, approximately 14% of all those employed in the service industry are not offered or do not accept health insurance as part of a



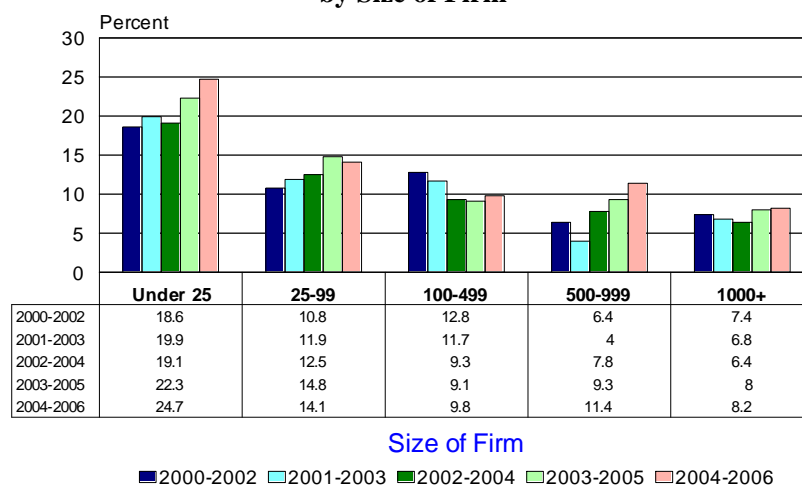
benefits package. This number appears to be increasing somewhat over the period. This probably reflects the changing nature of the service industry.

Roughly 9% of those currently employed in manufacturing and FIRE do not have health coverage. However, the proportion uninsured in both sectors is now increasing.

Finally, it also should be pointed out that the differences in coverage between industries are among the largest observed for any variable in this report. The importance of this information relates to the changing structure of the economy. As employment shifts from manufacturing to the service sector, the percentage of uninsured workers increases by more than 5%. The importance of the FIRE sector in Delaware cannot be overestimated at least with respect to health coverage. As the percentage of uninsured in the region has risen, Delaware's rate has either been falling or remaining steady. This appears, in large part, to be related to the increasing importance of the FIRE sector and to a less rapidly growing service sector.

The other important inter-sector shift that is subtler is associated with the nature of downsizing in Delaware's manufacturing sector. A significant portion of those employees who were "downsized" belonged to headquarters support operations as opposed to the factory floor. In many cases, those same employees started or joined firms that supplied services to their previous employer who simply wanted to "out-source" those functions. Many of these new jobs are classified as business services, part of the service sector, and are far from the typical "hamburger flipper" often discussed in the media. This has produced increases in annual earnings in the service sector that bodes well for benefit programs in the future.

**Figure 2-5**  
**Percent of Persons without Health Insurance in Delaware**  
**by Size of Firm**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

Employees who work for small firms (under 25 employees) are far less likely to have health insurance than those that work for large firms (more than 1,000 employees). Figure 2-5 above shows this relationship.

The graph shows that there are two distinct groupings: (1) firms with less than 25 employees where the percentage without health insurance is 24% and (2) firms with more than 500 employees where the percentage of those without health insurance is about 10%. The larger firms are perhaps more likely to be unionized at least to the extent that larger firms have a higher probability of being in sectors such as manufacturing. They are also more likely to pay higher wages, which makes the relative cost of health insurance more tolerable. From a tax perspective, the provision of health insurance also provides a convenient way to increase total compensation.

It appears that those working for the smallest firms are now less likely to have health insurance coverage in comparison with five years ago. Those firms with employees in the range 100-999 have also showed modest improvement. The larger firms with 1,000 or more employees have remained roughly stable over the time series.

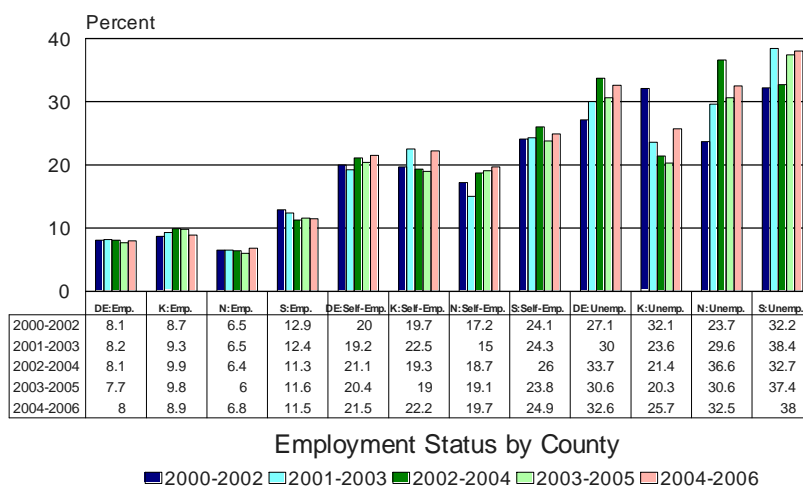
In conclusion, these data suggest that any effort to increase coverage must focus on smaller firms. Those firms will tend to provide lower levels of compensation, will probably use more part-time employees, and may offer less stable employment. However, they are growing

faster and becoming a bigger part of the economy. This fact may tend to mitigate some of the negative factors over time. On the other hand, the large firms with better coverage are becoming smaller and that does not help the long-term outlook. There is no doubt, however, that all of these factors will tend to make the goal of better access to health care a challenge for the foreseeable future.

### Employment Status and Class

Some form of group health insurance covers approximately 70% of all Delawareans. The majority of them are covered through their employer and therefore any disruption in employment will undoubtedly increase the likelihood that coverage will lapse. Coverage may not automatically lapse since another worker in the family may also cover them, or the employees may extend the coverage through payments themselves, or the individual may qualify for some government plan like Medicaid or Medicare. Still, the disruption is significant as is shown in Figure 2-6, below.

**Figure 2-6**  
**Percent of Adults without Health Insurance in Delaware**  
**by County and Employment Status**



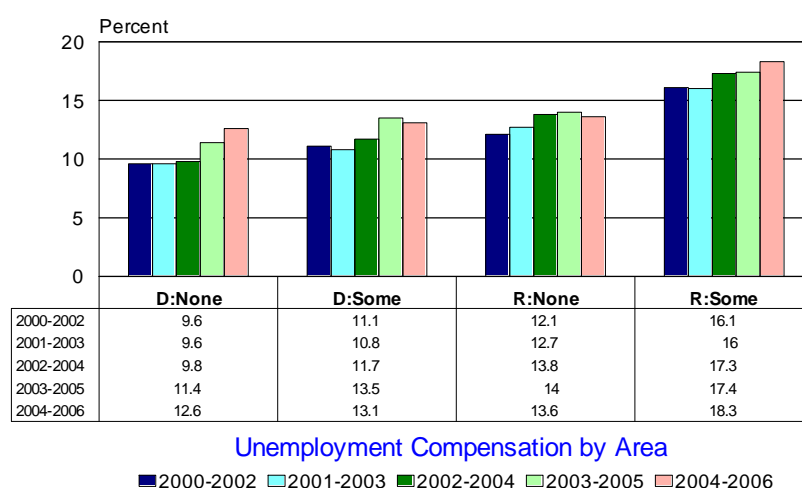
Source: Center for Applied Demography & Survey Research, University of Delaware  
Delaware Health and Social Services, 2000-2006 Behavioral Risk Factor Survey

The information reported in Figure 2-6 shows that the probability of being without health insurance increases by nearly a factor of four when the individual is unemployed. The percentage on the average rises from about 8% to in the vicinity of 32% as the individual's employment status changes. There is considerably more volatility in the estimates in Kent and Sussex counties

because of small sample sizes, but the relationship mirrors that in New Castle County where sample size is not a problem. While those that are self-employed are also found in relatively small numbers in the BRFSS survey, the lack of health insurance is more than twice as prevalent as that of those with traditional employment. This finding exhibits little change over the time series and is found in all three counties.

The other piece of information that deserves comment is the relative differences between the coverage for employed workers in the three counties. The rate in New Castle County is significantly lower than those observed in Kent and Sussex counties. Following the earlier argument, this probably arises from differences in the economic base, since larger firms with higher wages and more stable employment are located primarily in the northern part of the state.

**Figure 2-7**  
**Percent of Persons without Health Insurance**  
**by Receipt of Unemployment Compensation and Area**



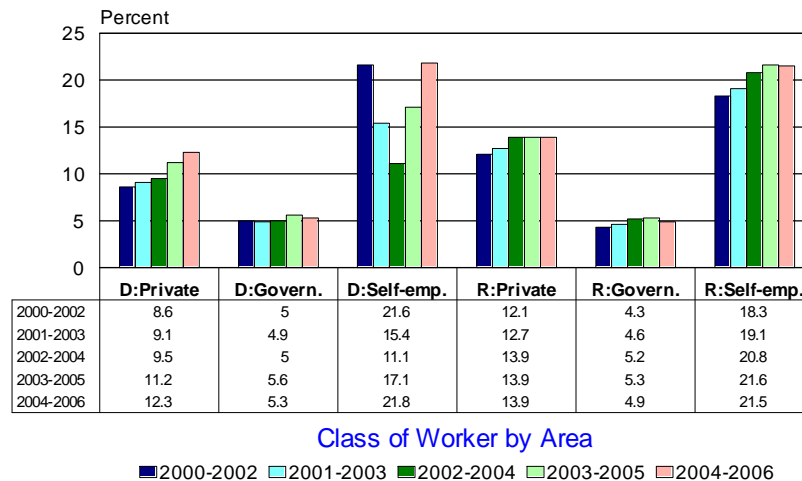
Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 2000-2006

In Figure 2-7 above, further evidence is found about the relationship between insurance coverage and employment status. In this analysis, the receipt of unemployment compensation is used as an indicator of an interruption of employment at some point during the year. In both Delaware and the region, there is a significant rise in the lack of health coverage associated with receiving benefits. While the effect is more muted than in Figure 2-6, where a more direct measure was available, the percentage is always higher in the region where the sample size permits a better estimate.

The final graph in this section of the report represents the percentage of workers without health insurance in Delaware and the region as indicated by three broad classes namely: private sector workers, government workers, and the self-employed. In Figure 2-8 below, Delaware workers in the private sector average about 2% fewer uninsured than those in the region. Within the private sector, Delaware seems to be losing ground over the time series. The rates in the region, for the private sector, exhibit a similar trend although less pronounced.

It is no surprise that government employees both in Delaware and the region are far more likely to have health insurance than the private sector in general. Government rates are comparable with very large private sector firms operating in a unionized work place. The only government workers who are likely to lack coverage are temporary/part-time workers or private contractors.

**Figure 2-8**  
**Percent of Persons without Health Insurance**  
**by Class of Worker and Area**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

A more interesting structural shift, which has been underway for some time, is that government workers are representing a smaller proportion of the labor force, since that sector is growing less rapidly than employment overall. This implies that the percentage of uninsured workers will tend to rise, even if all the rates within these classes remain constant.

The information about the self-employed corroborates the information from the BRFSS discussed earlier. The data for the region, however, shows that the significant upward trend previously identified has moderated. There is a variety of potential explanations. One reason, which is consistent with other data, is that tight labor markets have allowed many of those previously classified as “self-employed” to find work and to gain benefits. Those that remain self-employed are likely to be financially stronger and better able to obtain health insurance.

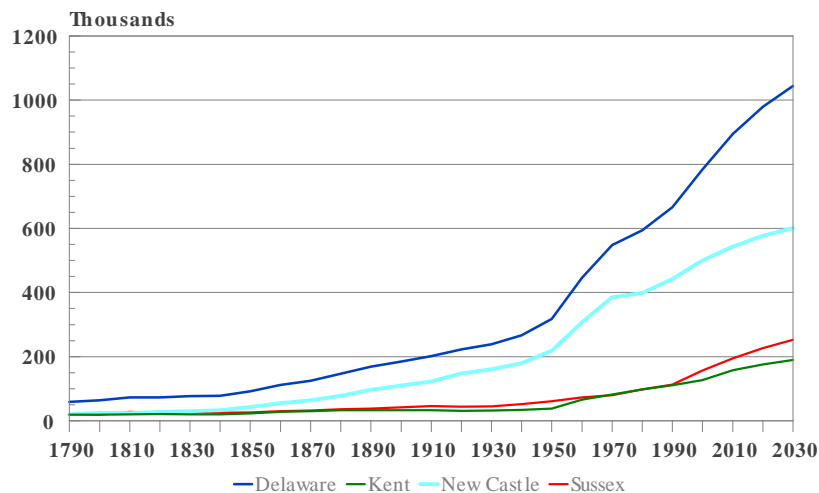
## Demographic Characteristics

### Background

Labor market characteristics are only some of the variables that play a role in influencing the proportion of people without health insurance. Demographic variables also may help explain a population's lack of health insurance. Others simply provide a convenient method for describing this condition among subsets of the population. Both will be addressed in this section.

Before returning to the health insurance issue, a few important factors driving population growth need to be addressed. In the first section of the report, it was reported that the number of uninsured had remained reasonably stable while the population increased substantially. There are, however, some recent indications, also discussed in the previous section, that future population increases could be accompanied by increasing numbers of uninsured. For that reason, it is important to understand how Delaware is growing.

**Figure 3-1**  
**Population of Delaware and Counties**



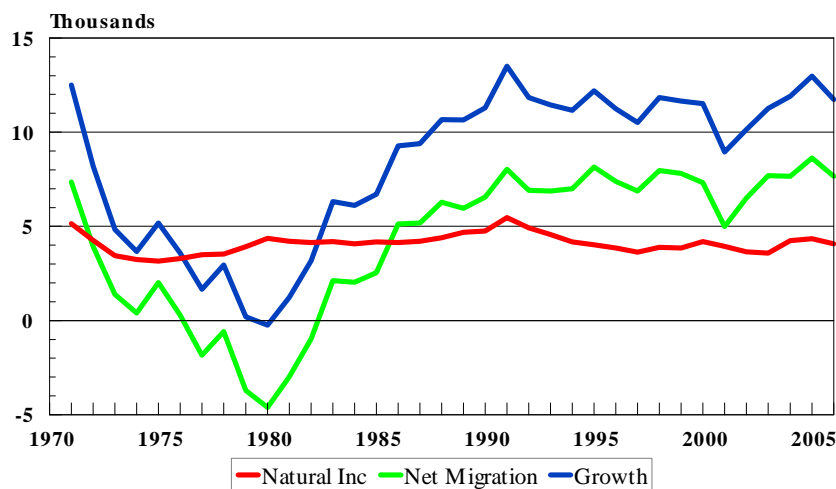
Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Decennial Census 1790-2030  
Delaware Population Consortium, October 2006

In Figure 3-1 above, the pattern of population growth for the state and for each county is shown from the first U.S. census in 1790 through the current 30-year projection in 2030. The state grew at a fairly steady rate from 1840 to 1950, when population growth began to explode. This pattern continued unabated for 20 years until the oil-crisis induced recession and the

migration to the “sun-belt” began. Population growth resumed in 1980, although at a much slower rate, and is predicted to continue to grow at rates around 1% annually. Kent County continues to grow more rapidly in the short-term (3%) and then will grow at rates that are consistent with those observed in the last 50 years. Sussex County has been growing at a rate of 2.5% per year approaching those observed in New Castle County during 1950-1970.

If current conditions continue, this population growth would likely generate another 25,000 uninsured persons over the next 30 years. But, current conditions, especially those in the labor market, are unlikely to continue. In fact, global competition and pressure on production costs may cause employers to rethink the total compensation package. The structural changes in the labor market alone will probably lead to an increase in the uninsured. Legislative changes and innovative government programs may also act to mitigate any increase in those numbers. However, it is difficult to speculate as to how these different factors will average out.

**Figure 3-2**  
**Sources of Population Growth in Delaware**



Source: Center for Applied Demography & Survey Research, University of Delaware



Figure 3-2 above illustrates the components of Delaware's population growth since 1980. The darkest (blue) line in the graph represents annual population growth. It has been as little as 2,000 persons in 1982, at the end of the recession, and as much as 13,000 persons just after the economy peaked in 1990.

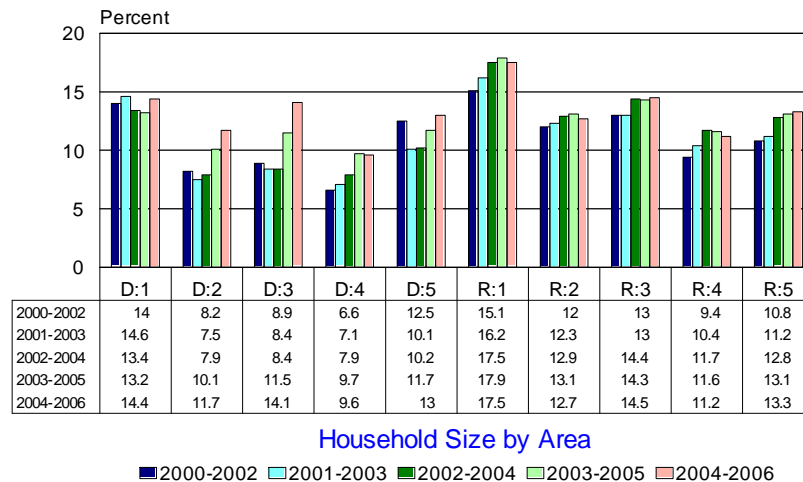
Overall growth is dependent upon two components: natural increase and net migration. Natural increase is the number of births to Delaware residents less the number of Delaware residents that die. That quantity is represented by the lightest (red) curve in Figure 3-2 and has been around 4,500 per year until the "baby boomlet" started in 1985 and ended in 1991.

Net migration, which is the result of persons moving into Delaware less persons moving out of Delaware, is clearly the volatile component of the growth picture. It has moved from net out-migration in 1980 of -5000 to a high of 8000 net in-migration in 2004. It fell during the recession years of the early 1990s and today accounts for more than half of all population growth. From these data, it is easy to see that Delaware's population growth is heavily influenced by local labor market conditions. Delaware's economy has consistently produced unemployment rates below those for the nation and region and has continued to generate new jobs sufficient to attract net in-migration. The characteristics of those jobs, in particular their health benefits, can and probably have affected coverage rates in Delaware.

### **Household Composition**

The size and structure of the households, within which individuals live, has much to do with the probability of having health care coverage. Each of the variables addressed in this section, to include household size, marital status, and relationship to head of household, give a slightly different slant on the problem. Figure 3-3 below, contains information about the percentage of uninsured in relation to household size within Delaware and the region. The most disadvantaged group is the single person household. The percentage of uninsured is well above the proportions for most of the other categories. Single person households also fare somewhat better in Delaware than in the region. Those individuals are somewhat disadvantaged since there is no second worker in the household to share the risk of losing coverage. They are also more likely to be a younger person at the low-end of the life cycle of earnings and are more likely to work in a job that does not provide health insurance coverage. Of course, the rate is reduced somewhat by older persons living alone who are covered by Medicare.

**Figure 3-3**  
**Percent of Persons without Health Insurance**  
**by Household Size and Area**

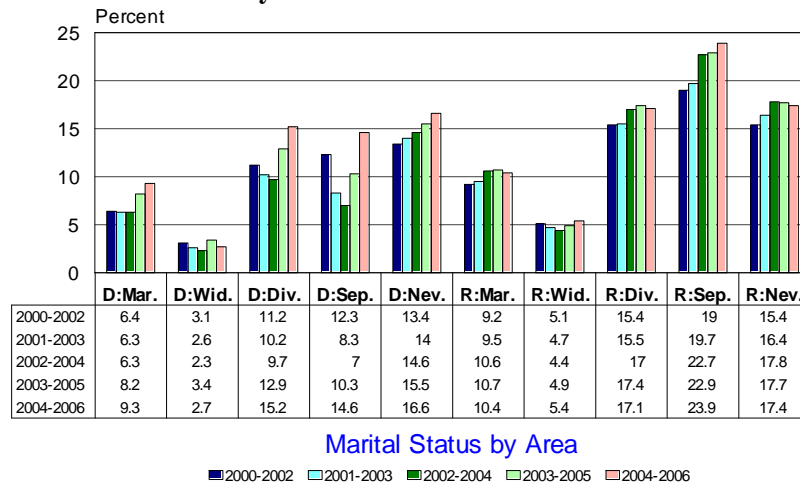


Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

Two and four person households were least likely to report lacking health coverage. The two-person household has a high probability of being a married couple with two incomes. The four-person household is also likely to have two working adults within it. The three-person household is a mixed picture since it also includes a single parent with two minor children, thus the risk of being without coverage rises. Overall the relationship between household size and the lack of health insurance coverage in Delaware tracks well with that of the region.

Marital status is closely linked to household size and composition. This relationship can be easily seen in Figure 3-4 below. For instance, the lowest rates observed over the period, usually under 3%, are reported by the widowed. This is expected since the largest majority of this group is qualified for Medicare. Thus, age may have more to do with their higher insurance rate than marital status. Married people have the next lowest rate, 9.3%. Married couples, with or without children, usually have two chances to obtain coverage. That may not be true if one spouse is not in the labor force or only works part-time. Still, the probabilities of having health insurance increases and household members are more likely to be protected against the loss of coverage during times when one or the other is unemployed.

**Figure 3-4**  
**Percent of Persons without Health Insurance**  
**by Marital Status and Area**

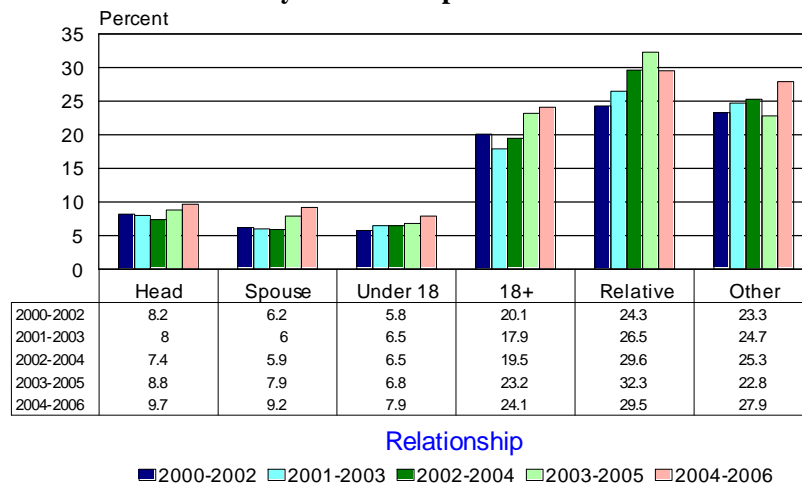


Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

Younger adults heavily populate the “never married” category and, as will be explained later, are less likely to have coverage. For this reason, their risk of being uninsured is nearly twice that of a married person.

The last two groups, which are usually one-adult households, are interesting for different reasons. First, the “separated” group in Delaware is quite volatile but was declining until 2006. This group is typically a transitional one and the person will probably move on to the divorced category. The separated person’s lack of coverage is now lower than that of the divorced person. Presumably this convergence is related to legal arrangements made to retain coverage until a final disposition of the marriage is reached. Once the person is divorced, the probability of having coverage will depend in large part on the person’s labor force status. It should be kept in mind that a significant number of people in this category are making major transitions and may suffer significant income losses. Interestingly, Delawareans in this category are significantly better off than their regional counterparts.

**Figure 3-5**  
**Percent of Persons without Health Insurance in Delaware**  
**by Relationship to Head**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

The final demographic variable in this series is relationship to the head of household. Figure 3-5 above depicts its association with the risk of being without health insurance. There are, once again, two distinct groupings. First, there are the spouses and minor children whose risk levels are around 9%. (This group of children excludes many who are not the children of the head of household but are living in the house.) The head group also includes all of those single person households whose risks were also elevated. This is the reason why the spouse group has less risk of being without health insurance. Minor children are dependent on the adult(s) health insurance coverage and there may be either one or two adults in the household. Thus, the risk will always be higher than that for the spouse group where there must be two married adults in the household.

The second major grouping includes adult offspring who are living at their parent's home, relatives or non-related persons. The risk level for all three groups is almost three times that of the first group. With the exception of full-time students who still might be covered by their parent's insurance, all will require health insurance through some other means. The fact that they are adults living in a household, where they are not the head or spouse in the household, suggests that they are less likely to be active labor force participants. In addition, there are children in these groups as well.

Taken together these demographic variables point in the same direction. Does the person have multiple opportunities to obtain health insurance coverage? For instance, households that contain two married adults have a lower risk not only for themselves, but also for any minor children. Unfortunately, demographic trends do not favor this model. First, from 1990 to 2000 the number of single person households rose from 23% of all households to 25% and is continuing to grow. Second, those living in non-family households rose from 13% in 1990 to 16% in 2000. The number of married couple households with or without children has fallen from 57% in 1990 to 51% in 2000. Finally, the number of children under the age of 18 living with only one parent has risen from 19% to 26% over the decade. None of these trends favors reducing the risk of being without health insurance coverage and it is unlikely that those trends will be easily reversed.

### **Age Structure**

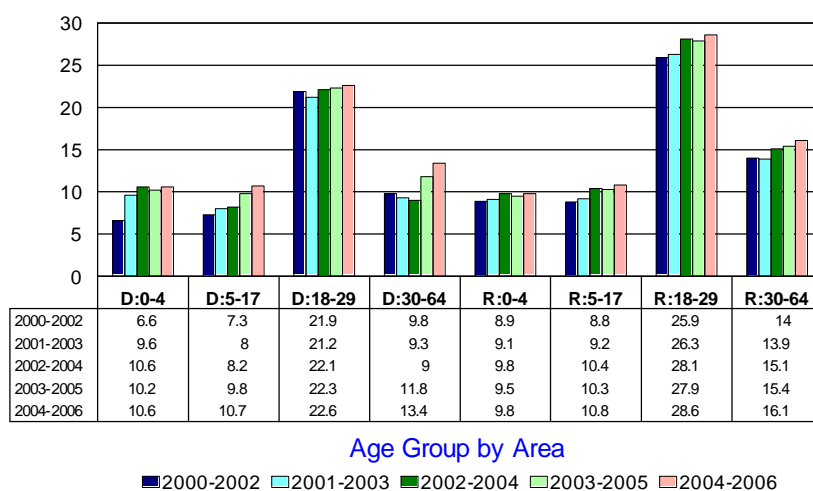
By and large, age appears to be a factor that influences the probability a person has health coverage. The most obvious example is the relationship between age and one's eligibility to qualify for Medicare, i.e. the person is 65 years old or older. Thus, the question for that age group must focus on the extent of coverage and not on its existence.

Because almost all persons 65 years and older have access to health coverage, only the percentage of persons without health insurance coverage for the other age groups is found in Figure 3-6 below. In both Delaware and the region, dependent children, those under the age of 18, have the lowest risk of being uninsured. Only about 11% of them are estimated to lack health coverage. Their uninsured rate is somewhat higher than it was in Figure 3-5, which imposed the additional requirement that they also live in and were related to the head of household. Thus, it should be remembered that the following graph contains information for all children, regardless of their living arrangement. Only recently has the CHIP program affected these measurements.

For a variety of reasons, persons aged 18-29 were most likely to report being uninsured. In both the state and the region, the risk of not having health coverage for this group is more than 22%. There is really no improvement in the time series presented here. This group suffers from a multitude of disadvantages. First, they are more likely to be unmarried. Second, they are more likely to hold lower paying jobs which provide no health benefits. Third, because their income levels are generally lower, it is often difficult for them to purchase private insurance. Fourth, since they are generally healthy, it may seem reasonable not to expend the additional resources

needed to purchase health coverage. As this group ages into the next group, aged 30-64, the risk begins to fall as those disadvantages recede. The recent trend is however not encouraging.

**Figure 3-6**  
**Percent of Persons without Health Insurance**  
**by Age Group and Area**

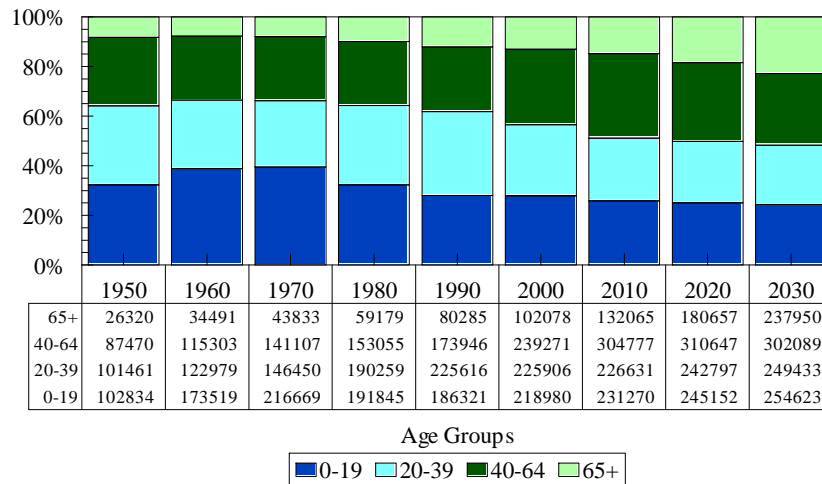


Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 2000-2006

Given these very predictable differences, the way the age distribution changes over time will have a definite impact on the overall level of health insurance coverage in Delaware. This progression is found in Figure 3-7 below. In 2000, the largest age group is 40-64 and contains about 30% of the population. This group contains the boomers and will continue to be the largest population cohort through the next 30 years.

There are several observations to be made about Figure 3-7 below. First, the proportion of the population ages 0-19 and 20-39 decreases steadily over the coming decades. The falling proportions in these groups are part of the reason Delaware's health coverage rates have been stable. The overall risk of being uninsured should fall as the population in the two oldest groups increases. As the "baby boomers" age (and they represent a significant part of the age distribution), their overall risk level should decrease. The real issue, therefore, will be economic conditions in the state and in the nation as this huge group reaches what would normally be their peak earning years.

**Figure 3-7**  
**Age Structure in Delaware**  
**1950-2030**



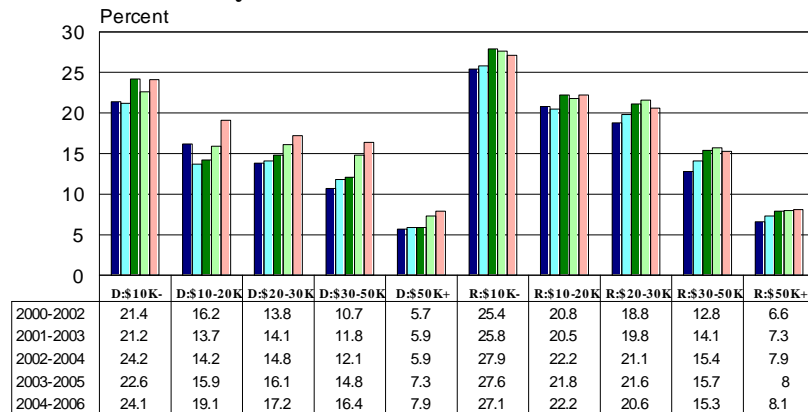
Source: Center for Applied Demography & Survey Research, University of Delaware  
 Delaware Population Consortium, October 2006

Will they be the victims of another round of downsizing? Will they become frustrated with the lack of advancement since there are so many competing for the same jobs? Will they turn to self-employment as a means of increasing their standard of living? All of these are unknown at this point but are likely to have an effect either positive or negative on health insurance coverage. This aging population will also put pressure on health care costs and will probably alter the behavior of employers.

### Income and Poverty

Economic wellbeing has two different effects on the probability of having health insurance coverage. At the low end of the income spectrum, there are programs such as Medicaid available as part of the social safety net. Individuals at the high end of the income spectrum have the assets and income that allow them to be unconcerned about insuring their health. They can afford to take the risk. The biggest problem arises among those that do not qualify for a government program, cannot afford insurance, and certainly cannot pay the medical bills if their luck runs out. Figure 3-8 below provides data with respect to annual income and lack of health insurance.

**Figure 3-8**  
**Percent of Persons without Health Insurance**  
**by Household Income and Area**



Income Level by Area

■ 2000-2002 ■ 2001-2003 ■ 2002-2004 ■ 2003-2005 ■ 2004-2006

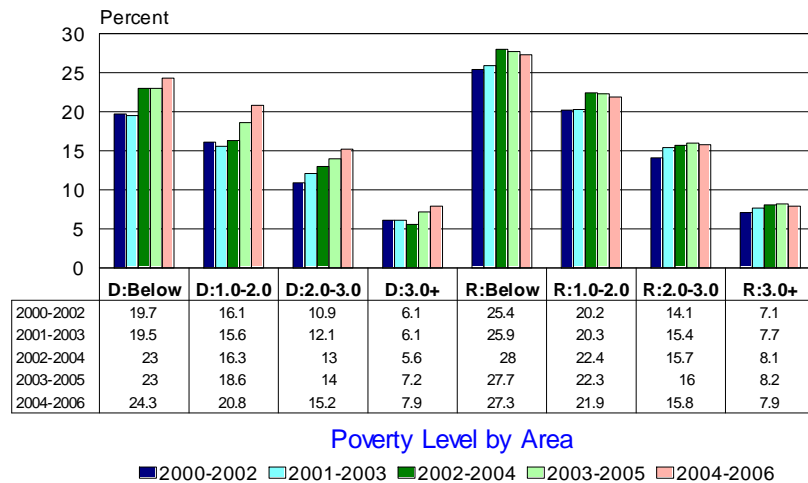
Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

Persons whose annual income is under \$20,000 per year have a risk of about 1 in 5 of being without health insurance coverage. In the lowest income category, Delaware averages better than the region as a whole. As income increases, the percentage of persons without coverage falls. At the \$50,000 and over level, about 8% or 1 in 12 are without health insurance but some of those may have sufficient assets to warrant self-insurance. This strong relationship undoubtedly represents the fact that health insurance as a percentage of total compensation falls as income rises and thus holders of those jobs are likely to be given those benefits.

Poverty is a function of two variables, household income and household size. It is poverty status that tends to be used to define who is eligible for government health insurance programs. In Figure 3-9 below data are found relating poverty to the lack of health insurance coverage. There seems to be very little difference between those below poverty and the near poverty group, which is between 1.0 and 1.5 of the poverty level. The effect of Medicaid serves to keep the rate somewhat lower for those below poverty than it would be in the absence of the program. Some people in the second group also qualify for Medicaid, but the proportion is smaller than in the below poverty group. The trend for the lowest group is in the right direction.



**Figure 3-9**  
**Percent of Persons without Health Insurance**  
**by Poverty Level and Area**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

Overall, the percentage of persons without health insurance falls as the distance from the below poverty group increases. The lowest level of risk appears to be experienced by households with incomes above \$47,000, the median household income in Delaware. Finally, the rates in Delaware are roughly comparable to those in the region. However, there does seem to be a steady increase in the proportion of persons without health insurance in the poverty group in Delaware, while the regional proportion has decreased slightly for that group. Increased Medicaid coverage in Delaware is probably the reason. It should also be noted that many people who are eligible for Medicaid in the lowest poverty group do not apply until a problem occurs. This will be addressed later in this report.

**Table 3-1**  
**Persons by Poverty Status, Age Group,**  
**and Health Insurance Coverage**  
**(3-year average 2004-2006)**

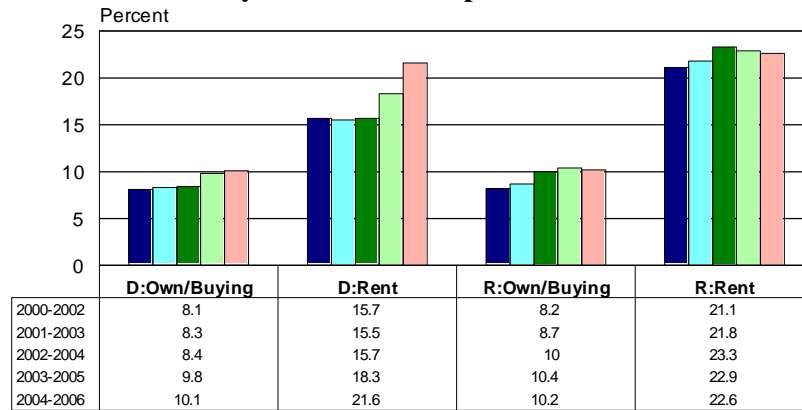
Poverty	0-18 All	0-18 No HI	19+	19+ No HI
Not Measured	1739	673	0	0
under 0.50	10812	2211	16194	4616
0.50 to 0.74	7149	1298	12720	3156
0.75 to 0.99	7875	1237	15729	4156
1.00 to 1.24	9913	1893	19606	4547
1.25 to 1.49	10014	1793	18298	3677
1.50 to 1.74	9510	1306	24617	4805
1.75 to 1.99	13015	2986	26550	6138
2.00 to 2.49	23670	2906	58873	10736
2.50 to 2.99	19326	1624	54049	8552
3.00 to 3.49	14758	518	47322	6397
3.50 to 3.99	15121	1579	48289	4874
4.00 to 4.49	14174	917	37799	3163
4.50 to 4.99	10623	270	36540	3318
5.00 & over	41517	1468	204475	14468
Totals	209215	22681	621060	82603

Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 2004-2006

In Table 3-1 above, the distribution of persons by poverty, age, and health insurance status is shown. A three-year moving average is used to reduce the sampling variability. These data have particular meaning for those charged with providing healthcare to those 18 years and younger in Delaware. The table shows that an estimated 22,681 are without health insurance. Of those, only 4,746 are officially classified as being under the poverty line, and over 41% are above 2.00 times the poverty line. The very first line in the table shows those without insurance for which poverty measures are not provided, e.g. foster children. In Delaware, these children would have separate Medicaid eligibility.

Another measure of economic wellbeing is the accumulation of assets. One such measure of that accumulation is home ownership. Those results are found in Figure 3-10, below. The graph shows that for renters, the percentage of those without coverage is about twice the rate for those who own or are buying their principal place of residence. That pattern is confirmed by the results for the region, which are quite comparable to those reported for Delaware. Certainly, this finding is not unexpected given that renters tend to be younger and have lower incomes, both

**Figure 3-10**  
**Percent of Persons without Health Insurance**  
**by Home Ownership and Area**

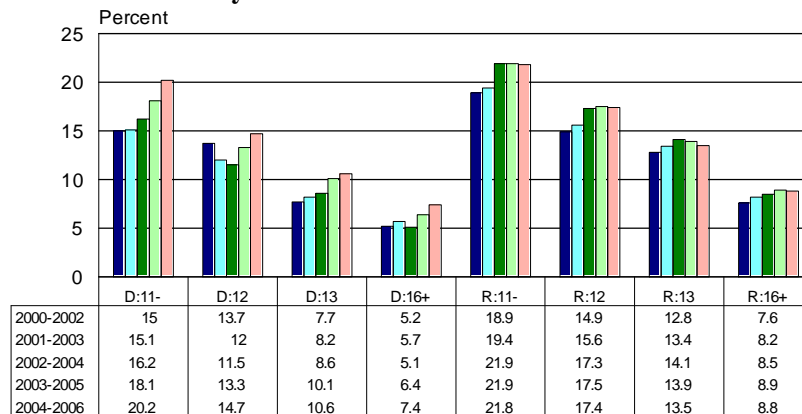


Home Ownership by Area

■ 2000-2002 ■ 2001-2003 ■ 2002-2004 ■ 2003-2005 ■ 2004-2006

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

**Figure 3-11**  
**Percent of Persons without Health Insurance**  
**by Years of Education and Area**



Years of Education by Area

■ 2000-2002 ■ 2001-2003 ■ 2002-2004 ■ 2003-2005 ■ 2004-2006

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

factors that are correlated with higher risk. They are also less likely to have the assets to continue their insurance privately if there is an interruption in coverage.

The final figure in this section, Figure 3-11 above, relates the educational level of the respondents and their health insurance status. Education could have two significant effects on health insurance coverage. First, it is possible that more educated people are better able to understand the advantages and disadvantages of health coverage and therefore, make better decisions. More likely, however, education is having an indirect effect with higher education being correlated with higher incomes and better jobs/benefits.

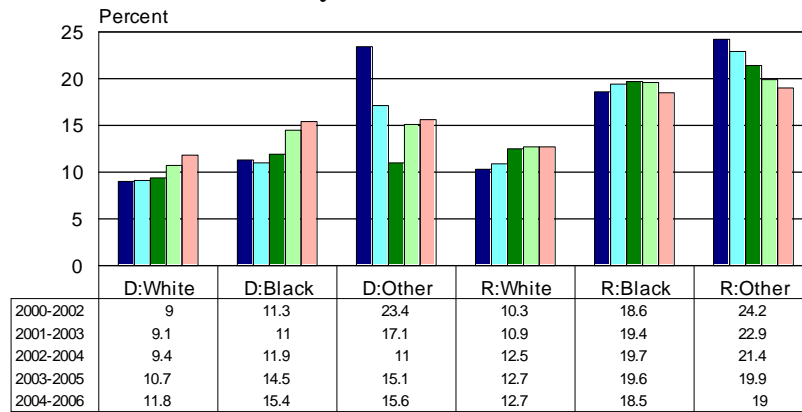
Coverage rates increase significantly as educational level increases. Predictably, those without a high school diploma are the most at risk of being without health insurance. It appears that the most disadvantaged group fares about the same in Delaware as in the region. The uninsured rate falls 5% for a high school diploma, another 4% for post high school education and finally another 3% for those completing college.

### **Race and Hispanic Origin**

Health insurance coverage or lack thereof within sub-groups of the general population is shown in Figure 3-12 below to illustrate the impact of all the underlying contributing variables which determine who has health insurance coverage and who does not. Most of the research in this area suggests that there are significant differences, but do not report any divergence in cultural or risk-taking characteristics that would explain those differences. Thus, the differences are the result of other variables, which themselves differ within segments of the population.

There are significant differences between the three racial groups. Those respondents who classify themselves as black have nearly a 31% higher risk of being without health insurance coverage as those that report being white. However, the historical trend has been decreasing for African-Americans although it increased in the most recent period. The “other” category includes primarily Native Americans, Asians, those of mixed race, and those who do not find any of the categories listed to be appropriate. African Americans experience significantly lower rates of being uninsured in Delaware than in the region.

**Figure 3-12**  
**Percent of Persons without Health Insurance**  
**by Race and Area**

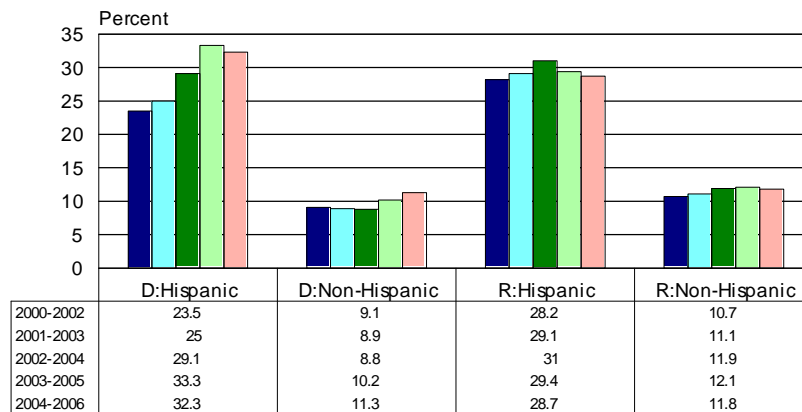


Race by Area

■ 2000-2002 ■ 2001-2003 ■ 2002-2004 ■ 2003-2005 ■ 2004-2006

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

**Figure 3-13**  
**Percent of Persons without Health Insurance**  
**by Hispanic Origin and Area**



Hispanic Origin by Area

■ 2000-2002 ■ 2001-2003 ■ 2002-2004 ■ 2003-2005 ■ 2004-2006

Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 2000-2006

The results for Hispanic respondents are shown in Figure 3-13, above. The percentages within Delaware are quite volatile because of the small sample size, but on average during the period, more than 32% of those respondents who classify themselves as being of Hispanic origin were without health insurance coverage. This rate is more than triple that for non-Hispanics. In 2006, more than 16% of all the uninsured are estimated to be Hispanic. The regional results are similar to those found in Delaware.

## Observations

Those lacking health care coverage in Delaware are a diverse group. This is summarized by the list below:

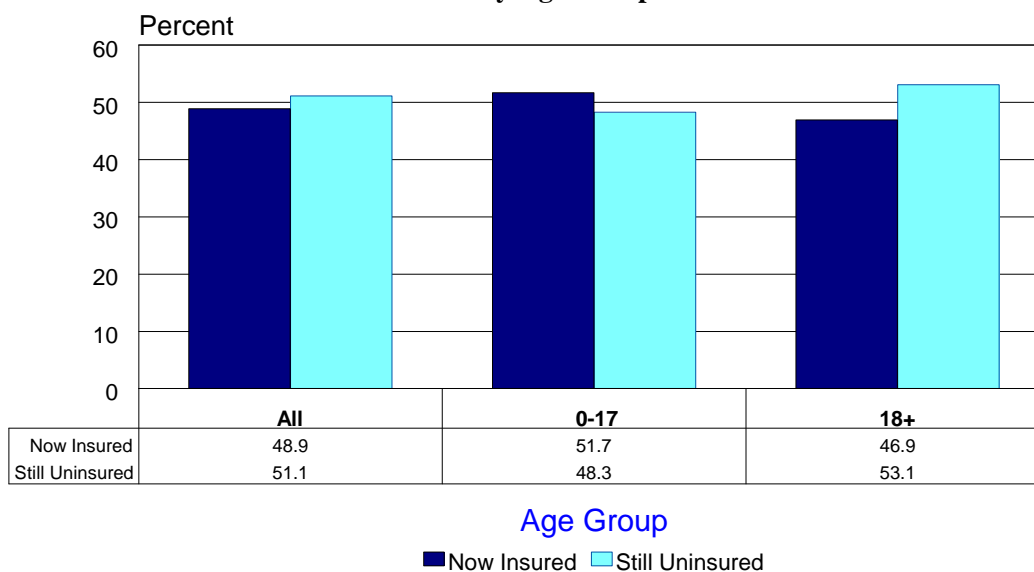
**Figure 4-1**  
**Who are the 105,000 Uninsured?<sup>1</sup>**

- **22% are under the age of 18**
- **68% are working adults**
- **55% are male**
- **70% are white**
- **16% are Hispanic**
- **62% own or are buying their home**
- **19% live alone**
- **83% are above the poverty line**
- **32% have household incomes over \$50,000**
- **7% are self-employed**
- **15% are non-citizens**

This list illustrates both the complexity of the task and the need to use targeted strategies. Since 22% of the uninsured are children efforts to increase the coverage of Medicaid, the CHIP program, and the clinics offered by the A. I. DuPont Institute are likely to be effective. There are, however, still likely to be children who may never qualify under Medicaid because their parents are above the income limits and yet may still experience periodic unemployment. It is this population that the CHIP program is designed to help. The effectiveness of the program in covering children will depend significantly on the actions taken by the parent(s) of those children.

Since 50% of the uninsured are working full-time, legislative initiatives that encourage employer offered health coverage may have some effect. It's not clear at this point in time if any plan can help the low wage earner or part-time employee, since the cost of the insurance might represent a huge increase in labor costs. The working poor, in particular those in the 1.0-1.5 category of poverty, are of particular concern.

**Figure 4-2**  
**Percent of Persons who Moved from Uninsured to Insured Status**  
**by Age Group**



Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 2000-2006

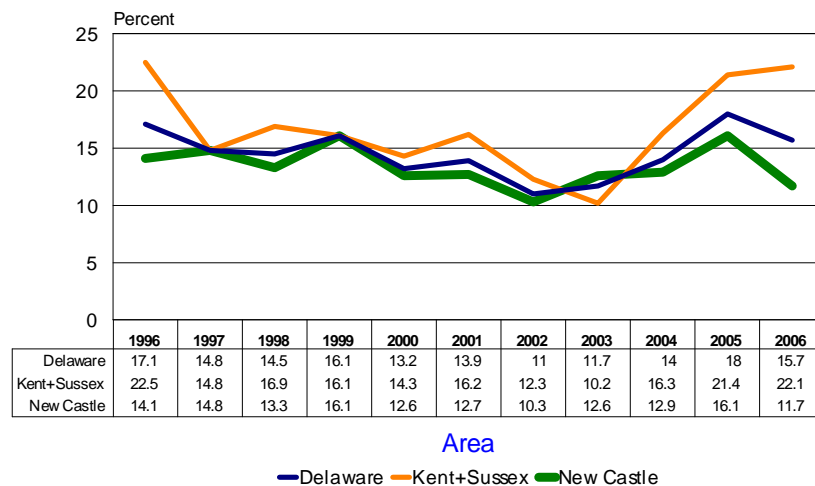
Dealing with the uninsured is not an easy task because people are continually joining and leaving the ranks of the uninsured (see Figure 4-2, above). Nearly half of those that are uninsured this year (48.9%) will have insurance next year. That proportion is higher for adults than for children.

The problem is not only a question of different rates of movement in and out of the uninsured status. It is also spatially different within the state (see Figures 4-3 and 4-4, below). This may require the execution of very different strategies.

<sup>1</sup> The profile is based on the most recent year's data rather than a 3-year average.

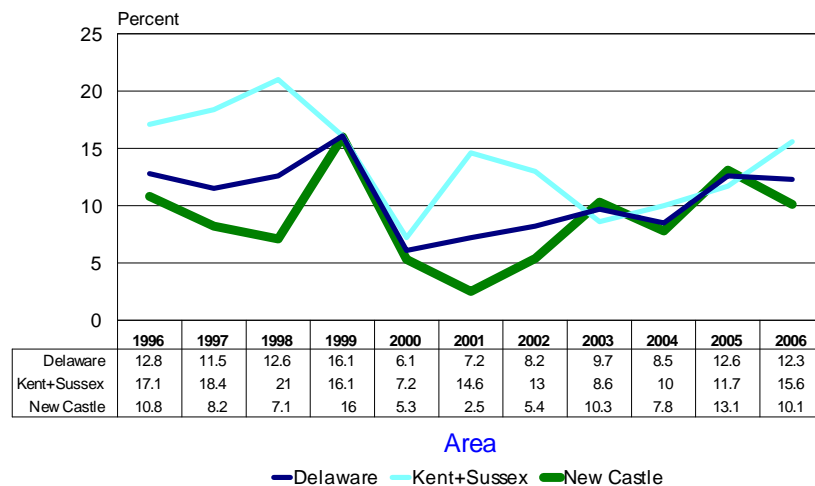


**Figure 4-3**  
**Percent of Persons 18-64 Without Health Insurance**  
**by Area**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1996-2006

**Figure 4-4**  
**Percent of Persons 0-17 Without Health Insurance**  
**by Area**



Source: Center for Applied Demography & Survey Research, University of Delaware  
 US Bureau of Census, Current Population Survey, March 1996-2006

First of all, the information provided for the 18-64 year old age group excludes most dependents and Medicare recipients. This core group of adults had been declining until 2003 when the rate began increasing. The differences between the counties are reasonably consistent.

In contrast, the pattern with dependents age 0-17 shown in Figure 4-4 above is strikingly different. While the rates in New Castle County appear reasonably stable (excluding 1999), those in the combined Kent/Sussex region increased dramatically from 1995 to 1998 and then fell sharply. This is consistent with the implementation of the CHIP program and outreach efforts in lower Delaware. Age and/or geography specific programs are clearly warranted. In general the rates have been volatile but have returned to the vicinity of 12% where they were in 1996.

Overall, Delaware seems to be doing better than the region in keeping the percentage of uninsured down. However, the longer-term demographics of the population and the labor market suggest that this will probably be a continuing challenge. In addition the focus on the CHIP program coupled with identification of Medicaid eligible children is likely to reap significant benefits. It is also clear that there will need to be continued focus on the problems in Kent and Sussex counties if this problem is to be controlled.

The final table in the report, Table 4-1 below, shows the number of uninsured persons by three key characteristics, namely age, poverty status, and employment status. Following the estimates are the existing programs (Medicaid and CHIP) and potential programs that could possibly alleviate this problem. The total number of the current uninsured that could be assisted and the proportion of the uninsured accounted for are found at the bottom of the table. Currently, nearly 25% of the uninsured are eligible for an existing program but were not enrolled at the time of the survey. Clearly there are people who do not enroll in programs until the need arises and there will always be processing time when they do enroll.

Approximately 29% of the uninsured are working full-time and are earning wages above 200% of the poverty level. They may either not have access to employer sponsored health insurance or are unwilling to pay their share. This is a group that may best be addressed through employers with or without government assistance. In addition, about 9% of the uninsured are working full-time but clearly do not earn wages sufficient to pay the employee share and are unlikely to have access to employer sponsored health insurance. Clearly government would have to play a larger role to solve this problem perhaps with some employer assistance.

**Table 4-1**  
**The Uninsured by Age, Poverty Status, and Employment Status**

Characteristics	Estimate	Medicaid	CHIP	Employers	Emp&Govt	Govt
0-14:Foster Child	673	X				
0-18: 0-100% Poverty	4747	X				
0-18: 100-200% Poverty	7978		X			
0-18: 200% + Poverty	9282					X
19-34: 0-100% Poverty, not FT	4158	X				
19-34: 0-100% Poverty, FT	2320	X				
19-34: 100-200% Poverty, not FT	4603					X
19-34: 100-200% Poverty, FT	5387				X	
19-34: 200%+ Poverty, not FT	8599					X
19-34: 200%+ Poverty, FT	14527			X		
35-49: 0-100% Poverty, not FT	1993	X				
35-49: 0-100% Poverty, FT	1616	X				
35-49: 100-200% Poverty, not FT	3315					X
35-49: 100-200% Poverty, FT	2896				X	
35-49: 200%+ Poverty, not FT	5666					X
35-49: 200%+ Poverty, FT	7701			X		
50-64: 0-100% Poverty, not FT	1529	X				
50-64: 0-100% Poverty, FT	311	X				
50-64: 100-200% Poverty, not FT	1759					X
50-64: 100-200% Poverty, FT	1054				X	
50-64: 200%+ Poverty, not FT	6108					X
50-64: 200%+ Poverty, FT	8064			X		
Total	104286	17348	7978	30292	9337	39331
Percent of Total	100.0%	16.63%	7.65%	29.05%	8.95%	37.71%
65+ uninsured	996					
All uninsured	105283					

Source: Center for Applied Demography & Survey Research, University of Delaware  
US Bureau of Census, Current Population Survey, March 2004-2006

The final group in the table comprises 38% of the uninsured. These are both children and adults who are above the poverty line but who currently do not have full-time employment. In the absence of full-time employment, the average individual has little or no chance to obtain employer-sponsored health insurance. These are the most difficult cases to deal with from a public policy perspective.

## **APPENDIX A**

### **Health Insurance Coverage 2005**

US Bureau of Census

2006 March Current Population Survey

## HEALTH INSURANCE COVERAGE IN THE UNITED STATES

### Highlights

- The number of people with health insurance coverage increased from 245.9 million in 2004 to 247.3 million in 2005.<sup>31</sup>
- In 2005, 46.6 million people were without health insurance coverage, up from 45.3 million people in 2004 (Table 8).
- The percentage of people without health insurance coverage increased from 15.6 percent in 2004 to 15.9 percent in 2005.
- The historical record is marked by a 12-year period from 1987 to 1998 when the uninsured rate (12.9 percent in 1987) either increased or was not statistically different from one year to the next (Figure 7).<sup>32</sup> After peaking at 16.3 percent in 1998, the rate fell for 2 years in a row to 14.2 percent in 2000. The rate then increased until 2003–2004, where it remained at

<sup>31</sup> The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC, and the estimates were revised based on improvements to the algorithm that assigns coverage to dependents. For a brief description of how the Census Bureau collects and reports on health insurance, see the text box “What Is Health Insurance Coverage?” For a discussion of the quality of ASEC health insurance coverage estimates, see Appendix C.

<sup>32</sup> The year 1987 is the first year for which comparable health insurance coverage statistics are available.

### What Is Health Insurance Coverage?

The Annual Social and Economic Supplement (ASEC) to the Current Population Survey (CPS) asks about health insurance coverage in the previous calendar year. The questionnaire asks separate questions about the major types of health insurance, and people who answer “no” to each of the coverage questions are then asked to verify that they were, in fact, not covered by any type of health insurance. For reporting purposes, the Census Bureau broadly classifies health insurance coverage as private coverage or government coverage. Private health insurance is a plan provided through an employer or a union or purchased by an individual from a private company. Government health insurance includes the federal programs Medicare, Medicaid, and military health care; the State Children’s Health Insurance Program (SCHIP); and individual state health plans.\* People were considered “insured” if they were covered by any type of health insurance for part or all of the previous calendar year. They were considered “uninsured” if they were not covered by any type of health insurance at any time in that year.

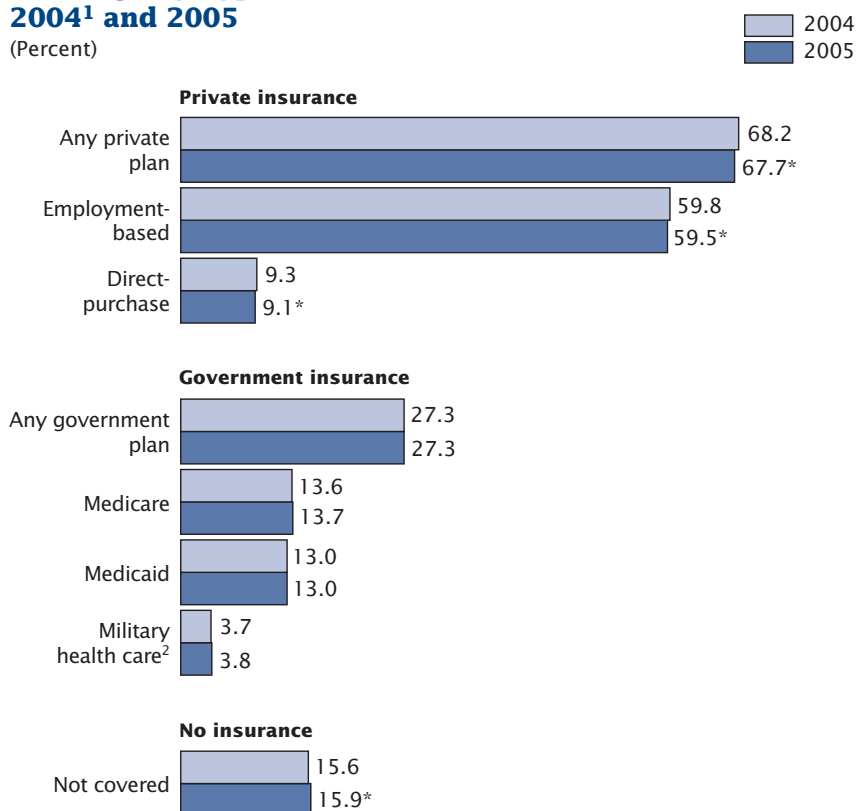
Research shows health insurance coverage is underreported in the CPS ASEC for a variety of reasons. While annual retrospective questions appear to be less of a problem when collecting income data (possibly because the interview period is close to when people pay their taxes), it is probably less than ideal when asking about health insurance coverage. For example, some people may report their insurance coverage status at the time of their interview rather than their coverage status during the previous calendar year. Compared with other national surveys, the CPS ASEC’s estimate of the number of people without health insurance more closely approximates the number of people who were uninsured at a specific point in time during the year than the number of people uninsured for the entire year.

For more information on the quality of CPS ASEC health insurance estimates, see Appendix C, “Estimates of Health Insurance Coverage.” For a comparison between health insurance coverage rates from the major federal surveys, see *How Many People Lack Health Insurance and for How Long?* (Congressional Budget Office, May 2003) and *People with Health Insurance: A Comparison of Estimates from Two Surveys* (Survey of Income and Program Participation Working Paper 243, June 2004).

\* Types of insurance are not mutually exclusive and people may be covered by more than one during the year.

Figure 6.  
**Coverage by Type of Health Insurance:  
2004<sup>1</sup> and 2005**

(Percent)



\* Statistically different at the 90-percent confidence level.

<sup>1</sup> The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. The estimates also reflect improvements to the algorithm that assigns coverage to dependents.

<sup>2</sup> Military health care includes CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2005 and 2006 Annual Social and Economic Supplements.

15.6 percent before it increased to 15.9 percent in 2005.<sup>33</sup>

<sup>33</sup> The difference between the percent uninsured in 1998 and 1997 was not statistically significant.

- The percentage of people covered by employment-based health insurance decreased between 2004 and 2005, from 59.8 percent to 59.5 percent.

- While the number of people covered by government health programs increased between 2004 and 2005, from 79.4 million to 80.2 million, the percentage of people covered by government health insurance remained at 27.3 percent. There was no statistical difference in the number or the percentage of people covered by Medicaid (38.1 million and 13.0 percent, respectively) between 2004 and 2005.
- The percentage and the number of children (people under 18 years old) without health insurance increased between 2004 and 2005, from 10.8 percent to 11.2 percent and from 7.9 million to 8.3 million, respectively (Table 8). With an uninsured rate at 19.0 percent in 2005, children in poverty were more likely to be uninsured than all children (Figure 8).
- The uninsured rate and the number of uninsured remained statistically unchanged from 2004 to 2005 for non-Hispanic Whites (11.3 percent and 22.1 million) and for Blacks (19.6 percent and 7.2 million) (Table 8).
- The number of uninsured increased for Hispanics (from 13.5 million in 2004 to 14.1 million in 2005); their uninsured rate was not statistically different at 32.7 percent in 2005.

Table 8.  
**People With or Without Health Insurance Coverage by Selected Characteristics: 2004 and 2005**

(Numbers in thousands, confidence intervals (C.I.) in thousands or percentage points as appropriate. People as of March of the following year)

Characteristic	Uninsured								Change (2005 less 2004) <sup>1</sup>					
	2004 <sup>2</sup>				2005				Uninsured				Insured	
	Number	90-percent C.I. <sup>3</sup> (±)	Percentage	90-percent C.I. <sup>3</sup> (±)	Number	90-percent C.I. <sup>3</sup> (±)	Percentage	90-percent C.I. <sup>3</sup> (±)	Number	90-percent C.I. <sup>3</sup> (±)	Percentage	90-percent C.I. <sup>3</sup> (±)	Number	90-percent C.I. <sup>3</sup> (±)
<b>PEOPLE</b>														
Total .....	45,306	525	15.6	0.2	46,577	530	15.9	0.2	*1,272	624	*0.3	0.2	*1,397	636
<b>Family Status</b>														
In families .....	35,009	471	14.6	0.2	36,259	478	15.0	0.2	*1,160	561	*0.4	0.2	475	789
Householder .....	10,557	169	13.7	0.2	10,849	171	14.0	0.2	*292	194	*0.3	0.2	260	410
Related children under 18 .....	7,512	229	10.4	0.3	7,784	233	10.8	0.3	272	274	*0.4	0.4	-310	711
Related children under 6 .....	2,207	125	9.3	0.5	2,499	133	10.4	0.5	*291	153	*1.2	0.6	-129	447
In unrelated subfamilies .....	337	49	26.8	3.4	382	52	31.3	3.6	46	60	*4.5	4.1	-79	94
Unrelated individual .....	9,870	262	20.1	0.5	9,936	262	19.8	0.5	66	310	-0.3	0.6	*1,001	588
<b>Race<sup>4</sup> and Hispanic Origin</b>														
White .....	34,447	467	14.7	0.2	35,340	472	15.0	0.2	*893	556	*0.3	0.2	*894	803
White, not Hispanic .....	21,807	381	11.2	0.2	22,144	383	11.3	0.2	338	452	0.1	0.2	208	846
Black .....	7,071	253	19.3	0.7	7,228	255	19.6	0.7	156	300	0.2	0.8	261	454
Asian .....	2,016	137	16.5	1.1	2,257	144	17.9	1.1	*241	166	*1.4	1.3	117	272
Hispanic origin (any race) .....	13,504	307	32.3	0.7	14,122	313	32.7	0.7	*618	325	0.4	0.8	*710	326
<b>Age</b>														
Under 18 years .....	7,949	236	10.8	0.3	8,310	241	11.2	0.3	*361	282	*0.5	0.4	-167	716
18 to 24 years .....	8,590	245	30.7	0.7	8,566	244	30.6	0.7	-24	289	-	0.9	-19	427
25 to 34 years .....	10,023	264	25.5	0.6	10,412	268	26.4	0.6	*388	315	*0.9	0.7	-218	514
35 to 44 years .....	8,093	238	18.7	0.5	8,090	238	18.8	0.5	-3	281	0.1	0.6	-226	558
45 to 64 years .....	10,157	265	14.2	0.3	10,740	273	14.6	0.3	*584	318	0.4	0.4	*1,698	702
65 years and older .....	493	59	1.4	0.2	459	57	1.3	0.2	-33	69	-0.1	0.2	329	556
<b>Nativity</b>														
Native .....	33,547	462	13.1	0.2	34,608	468	13.4	0.2	*1,062	550	*0.3	0.2	*1,162	738
Foreign born .....	11,759	324	33.4	0.8	11,969	327	33.6	0.8	210	385	0.2	0.9	235	532
Naturalized citizen .....	2,290	146	17.0	1.0	2,482	152	17.9	1.0	*192	176	0.9	1.2	184	377
Not a citizen .....	9,469	292	43.6	1.0	9,487	293	43.6	1.0	18	346	-0.1	1.2	51	392
<b>Region</b>														
Northeast .....	6,782	211	12.6	0.4	6,657	210	12.3	0.4	-126	249	-0.3	0.5	*251	241
Midwest .....	7,757	225	12.0	0.3	7,777	225	11.9	0.3	19	266	-	0.4	229	267
South .....	19,090	348	18.2	0.3	19,793	353	18.6	0.3	*703	415	*0.4	0.4	*575	418
West .....	11,676	276	17.4	0.4	12,352	282	18.1	0.4	*675	330	*0.7	0.5	*342	323
<b>Residence</b>														
Inside metropolitan statistical areas ..	(NA)	(NA)	(NA)	(NA)	39,181	494	15.9	0.2	(X)	(X)	(X)	(X)	(X)	(X)
Inside principal cities .....	(NA)	(NA)	(NA)	(NA)	17,652	345	18.7	0.3	(X)	(X)	(X)	(X)	(X)	(X)
Outside principal cities .....	(NA)	(NA)	(NA)	(NA)	21,528	378	14.1	0.2	(X)	(X)	(X)	(X)	(X)	(X)
Outside metropolitan statistical areas <sup>5</sup> .....	(NA)	(NA)	(NA)	(NA)	7,397	278	15.6	0.5	(X)	(X)	(X)	(X)	(X)	(X)
<b>Household Income</b>														
Less than \$25,000 .....	15,130	321	24.3	0.5	14,561	315	24.4	0.5	*-569	376	0.2	0.6	*-2,173	625
\$25,000 to \$49,999 .....	14,619	316	19.8	0.4	14,977	319	20.6	0.4	358	376	*0.8	0.5	*-1,479	687
\$50,000 to \$74,999 .....	7,688	232	13.0	0.4	8,300	241	14.1	0.4	*612	280	*1.0	0.4	-617	651
\$75,000 or more .....	7,869	234	8.2	0.2	8,740	247	8.5	0.2	*870	285	*0.3	0.3	*5,665	794
<b>Work Experience</b>														
Total, 18 to 64 years old .....	36,864	497	20.2	0.3	37,808	502	20.5	0.3	*944	591	0.3	0.3	*1,235	637
Worked during year .....	26,546	436	18.5	0.3	27,347	441	18.7	0.3	*802	519	0.3	0.3	*1,343	726
Worked full-time .....	20,511	390	17.3	0.3	21,473	398	17.7	0.3	*961	466	*0.5	0.4	*1,174	746
Worked part-time .....	6,035	220	24.2	0.8	5,875	217	23.5	0.8	-160	259	-0.6	0.9	169	446
Did not work .....	10,318	285	26.9	0.7	10,461	287	27.3	0.7	143	338	0.5	0.8	-108	527

- Represents zero or rounds to zero.

\* Statistically different from zero at the 90-percent confidence level. (NA) Not available. (X) Not applicable.

<sup>1</sup> Details may not sum to totals because of rounding.

<sup>2</sup> The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. The estimates also reflect improvements to the algorithm that assigns coverage to dependents.

<sup>3</sup> A 90-percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the size of the estimate, the less reliable the estimate. For more information, see "Standard Errors and Their Use" at <www.census.gov/hhes/www/p60\_231sa.pdf>.

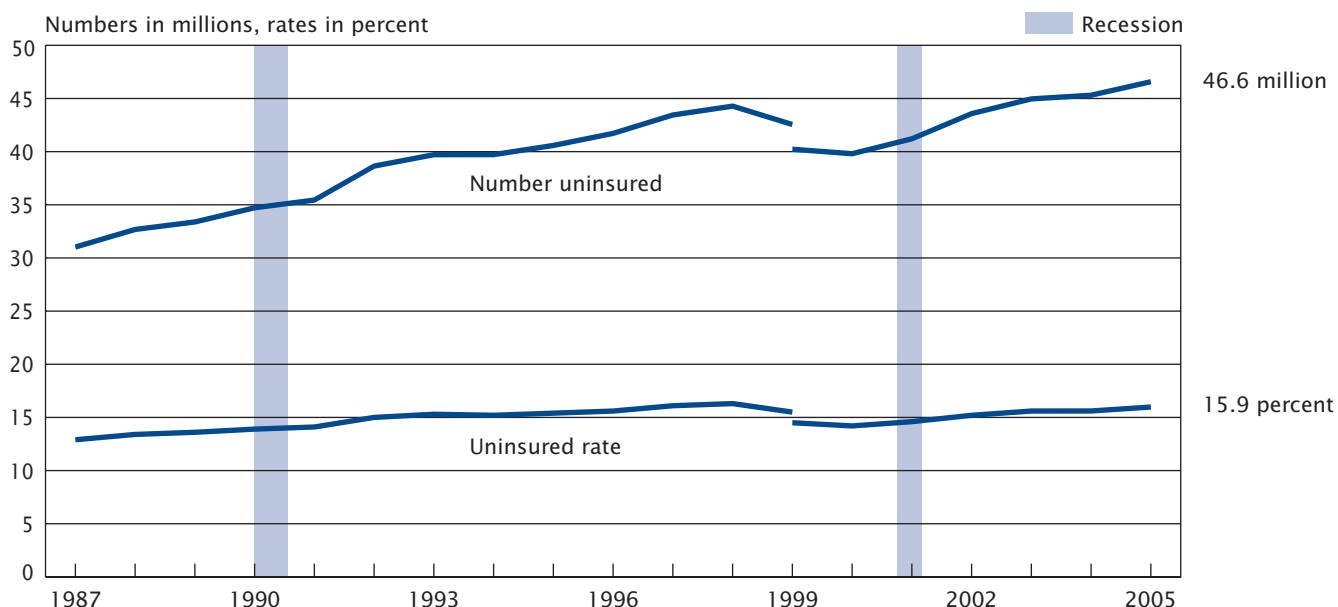
<sup>4</sup> Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White and American Indian and Alaska Native or Asian and Black or African American, is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in Census 2000.

<sup>5</sup> The "Outside metropolitan statistical areas" category includes both micropolitan statistical areas and territory outside of metropolitan and micropolitan statistical areas. For more information, see "About Metropolitan and Micropolitan Statistical Areas" at <www.census.gov/population/www/estimates/aboutmetro.html>.

Source: U.S. Census Bureau, Current Population Survey, 2005 and 2006 Annual Social and Economic Supplements.



Figure 7.  
**Number Uninsured and Uninsured Rate: 1987 to 2005**



Notes: Respondents were not asked detailed health insurance questions before the 1988 CPS. Implementation of Census 2000-based population controls occurred for the 2000 ASEC, which collected data for 1999. These estimates also reflect the results of follow-up verification questions that were asked of people who responded "no" to all questions about specific types of health insurance coverage in order to verify whether they were actually uninsured. This change increased the number and percentage of people covered by health insurance, bringing the CPS more in line with estimates from other national surveys.

The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. The estimates also reflect improvements to the algorithm that assigns coverage to dependents.

The data points are placed at the midpoints of the respective years.

Source: U.S. Census Bureau, Current Population Survey, 1988 to 2006 Annual Social and Economic Supplements.

## Type of Coverage

Most people (59.5 percent) were covered by a health insurance plan related to employment for some or all of 2005, a smaller proportion than in the previous year (59.8 percent). As the largest component of private health insurance coverage, this decline in employment-based coverage essentially explains the decrease in total private health insurance coverage, from 68.2 percent in 2004 to 67.7 percent in 2005 (Figure 6).

The number of people covered by government health programs increased between 2004 and 2005, from 79.4 million to 80.2 million, while the percentage of people covered by government health insurance

was not statistically different at 27.3 percent. The percentage of people with Medicaid coverage (13.0 percent) and the percentage of people covered by Medicare (13.7 percent) both were not statistically different between 2004 and 2005.

## Race and Hispanic Origin

In 2005, the uninsured rates for non-Hispanic Whites at 11.3 percent and for Blacks at 19.6 percent were not statistically different from 2004 (Table 8). The rate for Asians increased to 17.9 percent in 2005, from 16.5 percent in 2004, but the 2005 rate was not statistically different from 2003. Among Hispanics, the uninsured rate was statistically unchanged at 32.7 percent, while the

number of Hispanics without coverage increased from 13.5 million in 2004 to 14.1 million in 2005.

Table 9 displays the 3-year average (2003–2005) for people without health insurance coverage by race and Hispanic origin. American Indians and Alaska Natives had a 3-year-average (2003–2005) uninsured rate (29.9 percent) that was higher than the rate for Native Hawaiians and Other Pacific Islanders (21.8 percent) and higher than those of other race groups. The 3-year average also shows that American Indians and Alaska Natives had an uninsured rate that was lower than the uninsured rate for Hispanics (32.6 percent).

Table 9.  
**People Without Health Insurance Coverage by Race and Hispanic Origin Using 3-Year Average: 2003 to 2005**

(Numbers in thousands. People as of March of the following year)

Race <sup>1</sup> and Hispanic origin	3-year average 2003–2005 <sup>2</sup>			
	Number		Percentage	
	Estimate	90-percent confidence interval <sup>3</sup> (±)	Estimate	90-percent confidence interval <sup>3</sup> (±)
<b>All races</b> .....	<b>45,615</b>	<b>359</b>	<b>15.7</b>	<b>0.1</b>
White .....	34,590	320	14.8	0.1
White, not Hispanic .....	21,844	260	11.2	0.1
Black .....	7,126	173	19.5	0.5
American Indian and Alaska Native .....	681	56	29.9	2.1
Asian .....	2,167	96	17.7	0.8
Native Hawaiian and Other Pacific Islander .....	139	26	21.8	3.6
Hispanic origin (any race) .....	13,621	225	32.6	0.5

<sup>1</sup> Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White **and** American Indian and Alaska Native or Asian **and** Black or African American, is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in Census 2000.

<sup>2</sup> The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. The estimates also reflect improvements to the algorithm that assigns coverage to dependents.

<sup>3</sup> A 90-percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the size of the estimate, the less reliable the estimate. For more information, see "Standard Errors and Their Use" at <[www.census.gov/hhes/www/p60\\_231sa.pdf](http://www.census.gov/hhes/www/p60_231sa.pdf)>.

Source: U.S. Census Bureau, Current Population Survey, 2004 to 2006 Annual Social and Economic Supplements.

## Nativity

The uninsured rate for the native population increased between 2004 and 2005, from 13.1 percent to 13.4 percent, while the uninsured rate for the foreign-born population was not statistically different at 33.6 percent in 2005 (Table 8). Among the foreign born, the number of uninsured naturalized citizens increased, from 2.3 million in 2004 to 2.5 million in 2005. The uninsured rate for naturalized citizens was not statistically different at 17.9 percent. For noncitizens, the number who were uninsured and the rate were statistically unchanged in 2005 at 9.5 million and 43.6 percent, respectively. The proportion of the foreign-born population without health insurance in 2005 was about two and

a half times that of the native population in 2005.

## Economic Status

The likelihood of being covered by health insurance rises with income. In 2005, in households with annual incomes of less than \$25,000, 75.6 percent of people had health insurance. Health insurance coverage rates increased with higher household income levels to 91.5 percent for those in households with incomes of \$75,000 or more (Table 8).

The number of workers (people who worked at some time during the year) with no health insurance increased from 26.5 million to 27.3 million, while the percentage of workers who

were uninsured was not statistically different at 18.7 percent. Among 18-to-64-year-olds in 2005, full-time workers were more likely to be covered by health insurance (82.3 percent) than part-time workers (76.5 percent) or nonworkers (72.7 percent).<sup>34</sup> The number and the percentage of full-time workers who were uninsured increased from 20.5 million to 21.5 million and from 17.3 percent to 17.7 percent, respectively. The number and the percentage of part-time workers who were uninsured remained statistically unchanged in 2005 at 5.9 million and 23.5 percent, respectively.

<sup>34</sup> Workers are classified as part-time if they worked fewer than 35 hours per week in the majority of the weeks they worked in 2005.

## Children's Health Insurance Coverage

The percentage and the number of children (people under 18 years old) without health insurance increased

between 2004 and 2005, from 10.8 percent to 11.2 percent and from 7.9 million to 8.3 million, respectively (Table 8). The likelihood of health insurance coverage varied among

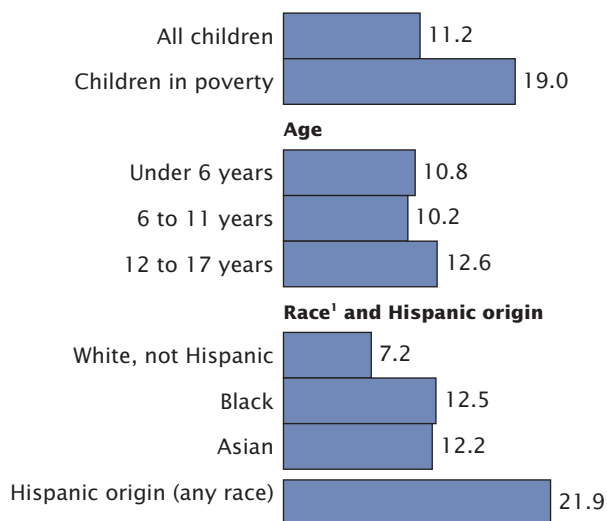
children by poverty status, age, race, and Hispanic origin. Children in poverty were more likely to be uninsured than the population of all children in 2005—19.0 percent compared with 11.2 percent (Figure 8).<sup>35</sup>

Children 12 to 17 years old were more likely to be uninsured than those under 12 years old—12.6 percent compared with 10.5 percent. An estimated 21.9 percent of Hispanic children did not have any health insurance in 2005, compared with 7.2 percent for non-Hispanic White children, 12.5 percent for Black children, and 12.2 percent for Asian children.<sup>36</sup> In 2005, the percentage of non-Hispanic White children covered by Medicaid was 18.0 percent; for Black children, 44.9 percent; for Asian children, 15.9 percent; and for Hispanic children, 39.3 percent.<sup>37</sup>

Figure 8.

### Uninsured Children by Poverty Status, Age, and Race and Hispanic Origin: 2005

(Percent)



<sup>1</sup> Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This figure shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White **and** American Indian and Alaska Native or Asian **and** Black or African American, is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in Census 2000.

Note: For discussion of statistically significant differences between groups, see text.

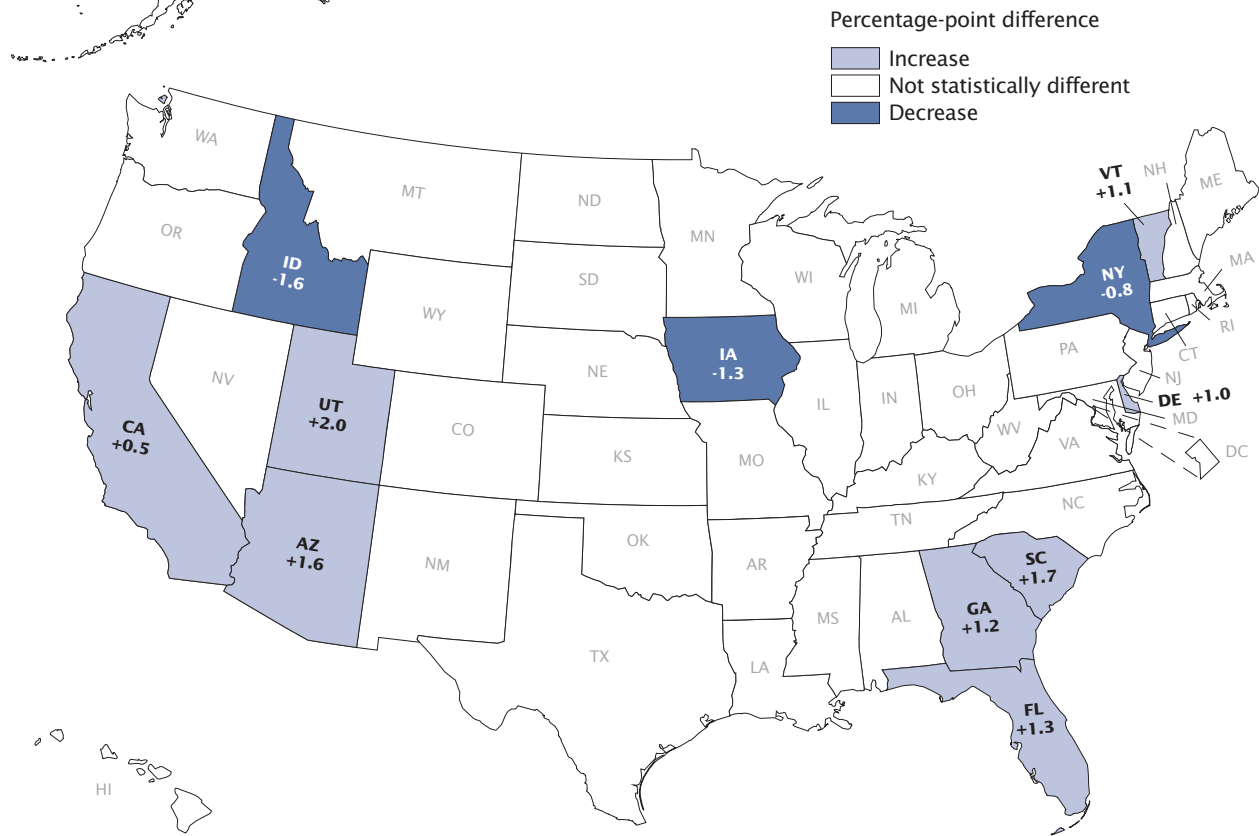
Source: U.S. Census Bureau, Current Population Survey, 2006 Annual Social and Economic Supplement.

<sup>35</sup> The uninsured rate for children under 6 years old was not statistically different from the uninsured rate for children 6 to 11 years old in 2005.

<sup>36</sup> The uninsured rates for Black children and Asian children were not statistically different from each other in 2005.

<sup>37</sup> The percentage of non-Hispanic White children covered by Medicaid was not statistically different from the percentage of Asian children covered by Medicaid.

Figure 9.  
**Differences in 2-Year-Average Uninsured Rates  
by State: 2004–2005 Less 2003–2004<sup>1</sup>**



<sup>1</sup> The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. The estimates also reflect improvements to the algorithm that assigns coverage to dependents.

Source: U.S. Census Bureau, Current Population Survey, 2004 to 2006 Annual Social and Economic Supplements.

## Region

The uninsured rate in the South increased from 18.2 percent to 18.6 percent between 2004 and 2005. The West also experienced an increase in the percentage of uninsured, from 17.4 percent in 2004 to 18.1 percent in 2005.<sup>38</sup> The Midwest and the Northeast had the lowest uninsured rates in 2005, at 11.9 percent and 12.3 percent, respectively.<sup>39</sup>

<sup>38</sup> The uninsured rates for the South and the West were not statistically different from each other in 2005.

<sup>39</sup> The uninsured rates for the Midwest and the Northeast were not statistically different from each other in 2005.

## Residence

In 2005, the uninsured rate was higher among people living within principal cities (18.7 percent) than among people living in the suburbs (14.1 percent). The percentage of the uninsured that lived outside metropolitan statistical areas was 15.6 percent in 2005.

## State Level Data

Comparing across states using 3-year-average uninsured rates for 2003–2005 shows that Texas (24.6 percent) had the highest percentage of uninsured, while Minnesota

(8.7 percent) had the lowest uninsured rate. The rate for Minnesota was not statistically different from that of Hawaii (9.5 percent) (Table 10).

Comparisons of 2-year moving averages (2003–2004 and 2004–2005) show that the proportion of people without coverage fell in three states and rose in eight states (Figure 9). The uninsured rate decreased for Idaho, Iowa, and New York. Four of the states that experienced increases were in the South (Delaware, Florida, Georgia, South Carolina), three were in the West (Arizona, California, Utah), and one was in the Northeast (Vermont).

Table 10.  
**Percentage of People Without Health Insurance Coverage by State Using 2- and 3-Year Averages: 2003 to 2005**

(People as of March of the following year)

State	3-year average 2003–2005 <sup>1</sup>		2-year average				Change in percentage points (2004–2005 average less 2003–2004 average) <sup>2</sup>	
			2003–2004 <sup>1</sup>		2004–2005 <sup>1</sup>			
	Percentage	90-percent confidence interval <sup>3</sup> (±)	Percentage	90-percent confidence interval <sup>3</sup> (±)	Percentage	90-percent confidence interval <sup>3</sup> (±)	Percentage <sup>4</sup>	90-percent confidence interval <sup>3</sup> (±)
<b>United States</b> .....	<b>15.7</b>	<b>0.1</b>	<b>15.6</b>	<b>0.1</b>	<b>15.7</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>
Alabama .....	14.3	1.0	13.8	1.1	14.4	1.2	0.6	1.0
Alaska .....	17.8	1.1	17.9	1.3	17.3	1.4	–0.6	1.1
Arizona .....	18.1	1.0	17.1	1.2	18.7	1.2	*1.6	1.1
Arkansas .....	17.2	1.1	16.9	1.3	17.1	1.3	0.2	1.1
California .....	18.8	0.4	18.5	0.5	19.0	0.5	*0.5	0.5
Colorado .....	16.9	1.0	16.9	1.2	16.8	1.3	–0.1	1.0
Connecticut .....	11.0	0.9	10.8	1.0	11.3	1.1	0.4	0.8
Delaware .....	12.7	1.0	12.5	1.1	13.5	1.2	*1.0	0.9
District of Columbia .....	13.5	1.1	13.5	1.3	13.1	1.3	–0.4	1.1
Florida .....	19.6	0.6	19.0	0.7	20.3	0.7	*1.3	0.6
Georgia .....	17.5	0.8	16.9	1.0	18.1	0.9	*1.2	0.9
Hawaii .....	9.5	0.8	9.7	0.9	9.2	0.9	–0.5	0.8
Idaho .....	16.5	1.1	17.1	1.3	15.5	1.2	*–1.6	1.1
Illinois .....	14.2	0.6	14.2	0.7	14.2	0.7	–	0.6
Indiana .....	14.2	0.8	14.1	1.0	14.3	1.0	0.2	0.8
Iowa .....	9.8	0.8	10.4	1.0	9.1	1.0	*–1.3	0.8
Kansas .....	10.9	0.9	11.0	1.0	10.9	1.1	–0.1	0.9
Kentucky .....	13.6	1.0	14.1	1.1	13.5	1.2	–0.6	1.0
Louisiana .....	18.7	1.1	18.7	1.3	17.7	1.3	–0.9	1.2
Maine .....	10.4	0.9	10.2	1.0	10.5	1.1	0.2	0.9
Maryland .....	14.1	0.9	14.1	1.0	14.2	1.1	0.1	0.9
Massachusetts .....	10.7	0.7	11.2	0.8	10.7	0.9	–0.5	0.7
Michigan .....	11.3	0.6	11.3	0.7	11.5	0.7	0.2	0.6
Minnesota .....	8.7	0.7	8.8	0.8	8.7	0.9	–0.2	0.7
Mississippi .....	17.3	1.1	17.3	1.3	17.1	1.3	–0.3	1.1
Missouri .....	11.9	0.8	11.8	0.9	12.4	1.0	0.5	0.8
Montana .....	18.7	1.1	19.3	1.4	18.4	1.4	–1.0	1.2
Nebraska .....	11.4	0.9	11.2	1.0	11.4	1.1	0.2	0.9
Nevada .....	18.4	1.1	18.9	1.3	18.1	1.4	–0.8	1.1
New Hampshire .....	10.4	0.9	10.5	1.0	10.5	1.1	–	0.8
New Jersey .....	14.5	0.7	14.2	0.8	14.8	0.9	0.6	0.7
New Mexico .....	21.1	1.3	21.4	1.5	20.6	1.5	–0.8	1.3
New York .....	13.9	0.5	14.2	0.6	13.3	0.6	*–0.8	0.5
North Carolina .....	16.2	0.8	16.3	0.9	15.6	0.9	–0.6	0.8
North Dakota .....	11.2	0.9	10.7	1.0	11.4	1.1	0.7	0.9
Ohio .....	12.0	0.6	11.8	0.7	11.9	0.7	0.1	0.6
Oklahoma .....	19.5	1.1	20.0	1.3	19.0	1.4	–1.0	1.1
Oregon .....	16.7	1.1	17.0	1.2	16.4	1.3	–0.6	1.1
Pennsylvania .....	11.2	0.5	11.6	0.6	11.1	0.6	–0.5	0.5
Rhode Island .....	11.0	0.9	10.5	1.0	11.4	1.2	0.8	0.9
South Carolina .....	15.6	1.0	14.6	1.1	16.3	1.3	*1.7	1.0
South Dakota .....	12.1	0.9	12.0	1.0	12.1	1.1	0.1	0.9
Tennessee .....	13.7	0.9	13.5	1.0	14.0	1.0	0.5	0.9
Texas .....	24.6	0.6	24.7	0.7	24.5	0.7	–0.2	0.6
Utah .....	14.5	0.9	13.5	1.1	15.5	1.2	*2.0	1.0
Vermont .....	10.7	0.9	10.3	1.0	11.4	1.2	*1.1	0.9
Virginia .....	13.6	0.8	13.6	0.9	13.9	0.9	0.3	0.8
Washington .....	14.1	0.9	14.3	1.0	13.4	1.0	–0.8	0.9
West Virginia .....	16.9	1.0	16.4	1.1	17.0	1.2	0.6	1.0
Wisconsin .....	10.3	0.8	10.6	0.9	10.0	0.9	–0.6	0.8
Wyoming .....	15.2	1.1	14.7	1.2	14.8	1.3	0.1	1.1

– Represents zero or rounds to zero.

\* Statistically different from zero at the 90-percent confidence level.

<sup>1</sup> The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. The estimates also reflect improvements to the algorithm that assigns coverage to dependents.

<sup>2</sup> The data in this column are derived from estimates that include 2004 twice—the first in the 2003–2004 average and the second in the 2004–2005 average. Therefore, estimates in this column are equivalent to measuring half of the percentage-point difference between 2003 and 2005.

<sup>3</sup> A 90-percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the size of the estimate, the less reliable the estimate. For more information, see "Standard Errors and Their Use" at <[www.census.gov/hhes/www/p60\\_231sa.pdf](http://www.census.gov/hhes/www/p60_231sa.pdf)>.

<sup>4</sup> Details may not sum to totals because of rounding.

Source: U.S. Census Bureau, Current Population Survey, 2004 to 2006 Annual Social and Economic Supplements.

### Additional Data and Contacts

Detailed tables, historical tables, press releases and briefings, and unpublished data are available electronically on the Census Bureau's Income, Poverty, and Health Insurance Web sites. The Web sites may be accessed through the Census Bureau's home page at <[www.census.gov](http://www.census.gov)> or directly at <[www.census.gov/hhes/www/income/income.html](http://www.census.gov/hhes/www/income/income.html)> for income data, <[www.census.gov/hhes/www/poverty/poverty.html](http://www.census.gov/hhes/www/poverty/poverty.html)> for poverty data, and <[www.census.gov/hhes/www/hlthins/hlthins.html](http://www.census.gov/hhes/www/hlthins/hlthins.html)> for health insurance data. Microdata are available for downloading by clicking on "Data Tools" on the Census Bureau's home page and then clicking the "DataFerrett" link. Technical methods have been applied to CPS microdata to avoid disclosing the identities of individuals from whom data were collected.

For assistance with income, poverty, or health insurance data or questions about them, contact the Housing and Household Economic Statistics Division statistical information staff by telephone at 301-763-3242 or search your topic of interest using the Census Bureau's "Question and Answer Center" found at <<http://ask.census.gov>>.

### CPS DATA COLLECTION

The information in this report was collected in the 50 states and the District of Columbia and does not represent residents of Puerto Rico and U.S. island areas.<sup>40</sup> It is based on a sample of about 100,000 addresses. The estimates in this report are controlled to national population estimates by age, race, sex, and Hispanic origin, and to state population estimates by age.

<sup>40</sup> U.S. island areas include American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands of the United States.

The population controls used to prepare estimates for 1999 to 2004 were based on the results from Census 2000 and are updated annually using administrative records such as birth and death certificates.

The CPS is a household survey primarily used to collect employment data. The sample universe for the basic CPS consists of the resident civilian noninstitutionalized population of the United States. People in institutions, such as prisons, long-term care hospitals, and nursing homes, are therefore not eligible to

be interviewed in the CPS. Students living in dormitories are only included in the estimates if information about them is reported in an interview at their parents' homes. The sample universe for the CPS ASEC is slightly larger than the basic CPS since it includes military personnel who live in a household with at least one other civilian adult, regardless of whether they live off post or on post. All other Armed Forces are excluded. For further documentation about the CPS ASEC, see <[www.bls.census.gov/cps/ads/adsmain.htm](http://www.bls.census.gov/cps/ads/adsmain.htm)>.

### COMMENTS

The Census Bureau welcomes the comments and advice of data and report users. If you have suggestions or comments, please write to:

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Statistics Division  
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or send e-mail to  
<[charles.t.nelson@census.gov](mailto:charles.t.nelson@census.gov)>.

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## APPENDIX C. ESTIMATES OF HEALTH INSURANCE COVERAGE

### Quality of Health Insurance Coverage Estimates

*National surveys and health insurance coverage.* Health insurance coverage is likely to be underreported on the Current Population Survey (CPS). While underreporting affects most, if not all, surveys, underreporting of health insurance coverage on the Annual Social and Economic Supplement (ASEC) appears to be a larger problem than in other national surveys that ask about insurance. Some reasons for the disparity may include the fact that income, not health insurance, is the main focus of the ASEC questionnaire. In addition, the ASEC collects health insurance information by asking in February through April about the previous year's coverage. Asking annual retrospective questions appears to be less of a problem when collecting income data (possibly because the interview period is close to when people pay their taxes), but it may be less than ideal when asking about health insurance coverage. Compared with other national surveys, the CPS estimate of the number of people without health insurance more closely approximates the number of people who are uninsured at a specific point in time

during the year than the number of people uninsured for the entire year. For a comparison of health insurance coverage rates from the major federal surveys, see *How Many People Lack Insurance and For How Long?* (Congressional Budget Office, May 2003).

#### *Reporting of coverage through major federal health insurance programs.*

The CPS ASEC data underreport Medicare and Medicaid coverage compared with enrollment and participation data from the Centers for Medicare and Medicaid Services (CMS).<sup>1</sup> Because the CPS is largely a labor force survey, interviewers receive less training on health insurance concepts than labor concepts. Additionally, many people may not be aware that a health insurance program covers them or their children if they have not used covered services recently. CMS data, on the other hand, represent the actual number of people who have enrolled or participated in these programs.

Changes in Medicaid coverage estimates from one year to the next

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<sup>1</sup> CMS is the federal agency primarily responsible for administering the Medicare and Medicaid programs at the national level.

should be viewed with caution. Because many people who are covered by Medicaid do not report that coverage, the U.S. Census Bureau assigns coverage to those who are generally regarded as "categorically eligible" (those who received some other benefits, usually public assistance payments, that make them eligible for Medicaid). Since the number of people receiving public assistance has been dropping, the relationship between Medicaid coverage and public assistance has changed, causing the imputation process to introduce a downward bias in the most recent Medicaid estimates.

After consulting with health insurance experts, the Census Bureau modified the definition of the population without health insurance in the supplement to the March 1998 CPS, which collected data about coverage in 1997. Previously, people with no coverage other than access to the Indian Health Service were counted as part of the insured population. Subsequently, the Census Bureau has counted these people as uninsured. The effect of this change on the overall estimates of health insurance coverage was negligible.



Table C-1.  
**Health Insurance Coverage by Race and Hispanic Origin: 1987 to 2005—Con.**

(Numbers in thousands. People as of March of the following year)

Race, Hispanic origin, and year	Total people	Covered by private and/or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employ- ment based	Direct purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>HISPANIC (any race)</b>										
<b>Numbers</b>										
2005 .....	43,168	29,046	19,066	17,426	1,840	11,959	9,357	2,771	870	14,122
2004 <sup>2</sup> .....	41,840	28,336	18,864	17,289	1,766	11,528	9,204	2,614	697	13,504
2004 .....	41,839	28,160	18,714	17,208	1,698	11,462	9,123	2,618	694	13,678
2003 .....	40,425	27,188	18,183	16,788	1,551	10,716	8,505	2,462	639	13,237
2002 .....	39,384	26,627	18,108	16,714	1,469	10,280	7,946	2,535	724	12,756
2001 .....	37,438	25,021	17,322	15,965	1,390	9,227	7,074	2,295	704	12,417
2000 <sup>3</sup> .....	36,093	24,210	17,114	15,893	1,337	8,566	6,552	2,141	682	11,883
1999 <sup>4</sup> .....	34,773	23,311	16,634	15,275	1,398	8,168	6,253	1,979	626	11,462
1999 .....	32,804	21,853	15,424	14,214	1,264	7,875	5,946	2,047	589	10,951
1998 .....	31,689	20,493	14,377	13,310	1,133	7,401	5,585	2,026	503	11,196
1997 <sup>5</sup> .....	30,773	20,239	13,751	12,790	1,028	7,718	5,970	1,974	526	10,534
1996 .....	29,703	19,730	13,151	12,140	1,105	7,784	6,255	1,806	474	9,974
1995 .....	28,438	18,964	12,187	11,309	1,011	8,027	6,478	1,732	516	9,474
1994 <sup>6</sup> .....	27,521	18,244	11,743	10,729	1,208	7,829	6,226	1,677	630	9,277
1993 <sup>7</sup> .....	26,646	18,235	12,021	9,981	(NA)	7,873	6,328	1,613	530	8,411
1992 <sup>8</sup> .....	25,682	17,242	11,330	9,786	(NA)	7,099	5,703	1,578	523	8,441
1991 .....	22,096	15,128	10,336	8,972	(NA)	5,845	4,597	1,309	522	6,968
1990 .....	21,437	14,479	10,281	8,948	(NA)	5,169	3,912	1,269	519	6,958
1989 .....	20,779	13,846	10,348	8,914	(NA)	4,526	3,221	1,180	595	6,932
1988 .....	20,076	13,684	10,188	8,831	(NA)	4,414	3,125	1,114	594	6,391
1987 <sup>9</sup> .....	19,428	13,456	9,845	8,490	(NA)	4,482	3,214	1,029	631	5,972
<b>Percents</b>										
2005 .....	100.0	67.3	44.2	40.4	4.3	27.7	21.7	6.4	2.0	32.7
2004 <sup>2</sup> .....	100.0	67.7	45.1	41.3	4.2	27.6	22.0	6.2	1.7	32.3
2004 .....	100.0	67.3	44.7	41.1	4.1	27.4	21.8	6.3	1.7	32.7
2003 .....	100.0	67.3	45.0	41.5	3.8	26.5	21.0	6.1	1.6	32.7
2002 .....	100.0	67.6	46.0	42.4	3.7	26.1	20.2	6.4	1.8	32.4
2001 .....	100.0	66.8	46.3	42.6	3.7	24.6	18.9	6.1	1.9	33.2
2000 <sup>3</sup> .....	100.0	67.1	47.4	44.0	3.7	23.7	18.2	5.9	1.9	32.9
1999 <sup>4</sup> .....	100.0	67.0	47.8	43.9	4.0	23.5	18.0	5.7	1.8	33.0
1999 .....	100.0	66.6	47.0	43.3	3.9	24.0	18.1	6.2	1.8	33.4
1998 .....	100.0	64.7	45.4	42.0	3.6	23.4	17.6	6.4	1.6	35.3
1997 <sup>5</sup> .....	100.0	65.8	44.7	41.6	3.3	25.1	19.4	6.4	1.7	34.2
1996 .....	100.0	66.4	44.3	40.9	3.7	26.2	21.1	6.1	1.6	33.6
1995 .....	100.0	66.7	42.9	39.8	3.6	28.2	22.8	6.1	1.8	33.3
1994 <sup>6</sup> .....	100.0	66.3	42.7	39.0	4.4	28.4	22.6	6.1	2.3	33.7
1993 <sup>7</sup> .....	100.0	68.4	45.1	37.5	(NA)	29.5	23.7	6.1	2.0	31.6
1992 <sup>8</sup> .....	100.0	67.1	44.1	38.1	(NA)	27.6	22.2	6.1	2.0	32.9
1991 .....	100.0	68.5	46.8	40.6	(NA)	26.5	20.8	5.9	2.4	31.5
1990 .....	100.0	67.5	48.0	41.7	(NA)	24.1	18.2	5.9	2.4	32.5
1989 .....	100.0	66.6	49.8	42.9	(NA)	21.8	15.5	5.7	2.9	33.4
1988 .....	100.0	68.2	50.7	44.0	(NA)	22.0	15.6	5.5	3.0	31.8
1987 <sup>9</sup> .....	100.0	69.3	50.7	43.7	(NA)	23.1	16.5	5.3	3.2	30.7

(NA) Not available. Respondents were not asked detailed health insurance questions about direct-purchase coverage before the 1995 CPS ASEC.

<sup>1</sup> Military health care includes CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Health and Medical Program of the Department of Veterans Affairs and care provided by the Department of Veterans Affairs and the military.

<sup>2</sup> The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. The estimates also reflect improvements to the algorithm that assigns coverage to dependents.

<sup>3</sup> Implementation of a 28,000 household sample expansion.

<sup>4</sup> Estimates reflect the results of follow-up verification questions and implementation of Census 2000-based population controls.

<sup>5</sup> Beginning with the 1998 CPS ASEC, people with no coverage other than access to Indian Health Service are no longer considered covered by health insurance; instead, they are considered to be uninsured. The effect of this change on the overall estimates of health insurance coverage is negligible; however, the decrease in the number of people covered by Medicaid may be partially due to this change.

<sup>6</sup> Health insurance questions were redesigned. Increases in estimates of employment-based and military health care coverage may be partially due to questionnaire changes. Overall coverage estimates were not affected.

<sup>7</sup> Data collection method changed from paper and pencil to computer-assisted interviewing.

<sup>8</sup> Implementation of 1990 census population controls.



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<sup>9</sup> Implementation of a new CPS ASEC processing system.

<sup>10</sup> The 2003 CPS asked respondents to choose one or more races. White alone refers to people who reported White and did not report any other race category. The use of this single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White **and** American Indian and Alaska Native or Asian **and** Black or African American, is available from Census 2000 through American FactFinder. About 2.6 percent of people reported more than one race in Census 2000.

<sup>11</sup> The 2001 CPS and earlier years asked respondents to report only one race. The reference groups for these years are White; White, not Hispanic; Black; and Asian and Pacific Islander.

<sup>12</sup> Black alone refers to people who reported Black or African American and did not report any other race.

<sup>13</sup> Asian alone refers to people who reported Asian and did not report any other race.

Source: U.S. Census Bureau, Current Population Survey, 1988 to 2006 Annual Social and Economic Supplements.

Table C-2.  
**Health Insurance Coverage by Age: 1987 to 2005**

(Numbers in thousands. People as of March of the following year)

Age and year	Total people	Covered by private and/or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
ALL AGES										
Numbers										
2005	293,834	247,257	198,901	174,819	26,781	80,249	38,134	40,185	11,172	46,577
2004 <sup>2</sup>	291,166	245,860	198,658	174,186	27,193	79,392	37,963	39,708	10,660	45,306
2004	291,155	245,335	198,262	174,174	26,961	79,086	37,514	39,745	10,680	45,820
2003	288,280	243,320	197,869	174,020	26,486	76,755	35,647	39,456	9,979	44,961
2002	285,933	242,360	198,973	175,296	26,639	73,624	33,246	38,448	10,063	43,574
2001	282,082	240,875	199,860	176,551	26,057	71,295	31,601	38,043	9,552	41,207
2000 <sup>3</sup>	279,517	239,714	201,060	177,848	26,524	69,037	29,533	37,740	9,099	39,804
1999 <sup>4</sup>	276,804	236,576	198,841	175,101	27,415	67,683	28,506	36,923	8,648	40,228
1999	274,087	231,533	194,599	172,023	26,179	66,176	27,890	36,066	8,530	42,554
1998	271,743	227,462	190,861	168,576	25,948	66,087	27,854	35,887	8,747	44,281
1997 <sup>5</sup>	269,094	225,646	188,532	165,091	27,158	66,685	28,956	35,590	8,527	43,448
1996	266,792	225,077	187,395	163,221	28,335	69,000	31,451	35,227	8,712	41,716
1995	264,314	223,733	185,881	161,453	30,188	69,776	31,877	34,655	9,375	40,582
1994 <sup>6</sup>	262,105	222,387	184,318	159,634	31,349	70,163	31,645	33,901	11,165	39,718
1993 <sup>7</sup>	259,753	220,040	182,351	148,318	(NA)	68,554	31,749	33,097	9,560	39,713
1992 <sup>8</sup>	256,830	218,189	181,466	148,796	(NA)	66,244	29,416	33,230	9,510	38,641
1991	251,447	216,003	181,375	150,077	(NA)	63,882	26,880	32,907	9,820	35,445 <sup>1</sup>
1990	248,886	214,167	182,135	150,215	(NA)	60,965	24,261	32,260	9,922	34,719
1989	246,191	212,807	183,610	151,644	(NA)	57,382	21,185	31,495	9,870	33,385
1988	243,685	211,005	182,019	150,940	(NA)	56,850	20,728	30,925	10,105	32,680
1987 <sup>9</sup>	241,187	210,161	182,160	149,739	(NA)	56,282	20,211	30,458	10,542	31,026
Percents										
2005	100.0	84.1	67.7	59.5	9.1	27.3	13.0	13.7	3.8	15.9
2004 <sup>2</sup>	100.0	84.4	68.2	59.8	9.3	27.3	13.0	13.6	3.7	15.6
2004	100.0	84.3	68.1	59.8	9.3	27.2	12.9	13.7	3.7	15.7
2003	100.0	84.4	68.6	60.4	9.2	26.6	12.4	13.7	3.5	15.6
2002	100.0	84.8	69.6	61.3	9.3	25.7	11.6	13.4	3.5	15.2
2001	100.0	85.4	70.9	62.6	9.2	25.3	11.2	13.5	3.4	14.6
2000 <sup>3</sup>	100.0	85.8	71.9	63.6	9.5	24.7	10.6	13.5	3.3	14.2
1999 <sup>4</sup>	100.0	85.5	71.8	63.3	9.9	24.5	10.3	13.3	3.1	14.5
1999	100.0	84.5	71.0	62.8	9.6	24.1	10.2	13.2	3.1	15.5
1998	100.0	83.7	70.2	62.0	9.5	24.3	10.3	13.2	3.2	16.3
1997 <sup>5</sup>	100.0	83.9	70.1	61.4	10.1	24.8	10.8	13.2	3.2	16.1
1996	100.0	84.4	70.2	61.2	10.6	25.9	11.8	13.2	3.3	15.6
1995	100.0	84.6	70.3	61.1	11.4	26.4	12.1	13.1	3.5	15.4
1994 <sup>6</sup>	100.0	84.8	70.3	60.9	12.0	26.8	12.1	12.9	4.3	15.2
1993 <sup>7</sup>	100.0	84.7	70.2	57.1	(NA)	26.4	12.2	12.7	3.7	15.3
1992 <sup>8</sup>	100.0	85.0	70.7	57.9	(NA)	25.8	11.5	12.9	3.7	15.0
1991	100.0	85.9	72.1	59.7	(NA)	25.4	10.7	13.1	3.9	14.1
1990	100.0	86.1	73.2	60.4	(NA)	24.5	9.7	13.0	4.0	13.9
1989	100.0	86.4	74.6	61.6	(NA)	23.3	8.6	12.8	4.0	13.6
1988	100.0	86.6	74.7	61.9	(NA)	23.3	8.5	12.7	4.1	13.4
1987 <sup>9</sup>	100.0	87.1	75.5	62.1	(NA)	23.3	8.4	12.6	4.4	12.9

See footnotes at end of table.

Table C-2.  
**Health Insurance Coverage by Age: 1987 to 2005—Con.**

(Numbers in thousands. People as of March of the following year)

Age and year	Total people	Covered by private and/or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
UNDER 18 YEARS										
Numbers										
2005 .....	73,985	65,675	48,395	44,741	4,033	21,944	19,737	543	2,262	8,310
2004 <sup>2</sup> .....	73,791	65,842	48,772	45,041	4,247	21,994	19,921	503	2,041	7,949
2004 .....	73,821	65,553	48,462	44,892	4,166	21,922	19,847	500	2,045	8,269
2003 .....	73,580	65,207	48,475	45,004	3,893	21,389	19,392	483	2,021	8,373
2002 .....	73,312	64,781	49,473	46,182	3,864	19,662	17,526	524	2,148	8,531
2001 .....	72,628	64,118	49,647	46,439	3,624	18,822	16,502	423	2,381	8,509
2000 <sup>3</sup> .....	72,314	63,697	50,499	47,431	3,586	17,658	15,090	518	2,563	8,617
1999 <sup>4</sup> .....	72,281	62,996	50,300	46,834	4,052	16,793	14,697	364	2,076	9,285
1999 .....	72,325	62,302	49,822	46,594	3,868	16,579	14,479	355	2,080	10,023
1998 .....	72,022	60,949	48,627	45,593	3,666	16,400	14,274	325	2,240	11,073
1997 <sup>5</sup> .....	71,682	60,939	47,968	44,869	3,672	16,800	14,683	395	2,163	10,743
1996 .....	71,224	60,670	47,219	44,054	3,865	17,749	15,502	484	2,291	10,554
1995 .....	71,148	61,353	47,021	43,822	4,217	18,755	16,524	348	2,336	9,795
1994 <sup>6</sup> .....	70,509	60,505	46,266	42,966	4,634	18,559	16,132	228	2,708	10,003
1993 <sup>7</sup> .....	69,766	60,192	47,017	39,745	(NA)	18,696	16,693	48	2,307	9,574
1992 <sup>8</sup> .....	68,720	60,005	47,183	40,382	(NA)	17,294	15,109	97	2,378	8,716
1991 .....	66,173	57,794	46,114	39,683	(NA)	15,792	13,514	52	2,425	8,379
1990 .....	65,290	56,786	46,436	39,981	(NA)	14,300	12,094	88	2,408	8,504
1989 .....	64,343	55,795	47,376	40,610	(NA)	12,345	10,100	43	2,425	8,548
1988 .....	63,902	55,552	46,944	40,750	(NA)	12,270	9,961	62	2,469	8,350
1987 <sup>9</sup> .....	63,499	55,306	46,763	40,577	(NA)	12,071	9,681	53	2,567	8,193
Percents										
2005 .....	100.0	88.8	65.4	60.5	5.5	29.7	26.7	0.7	3.1	11.2
2004 <sup>2</sup> .....	100.0	89.2	66.1	61.0	5.8	29.8	27.0	0.7	2.8	10.8
2004 .....	100.0	88.8	65.6	60.8	5.6	29.7	26.9	0.7	2.8	11.2
2003 .....	100.0	88.6	65.9	61.2	5.3	29.1	26.4	0.7	2.7	11.4
2002 .....	100.0	88.4	67.5	63.0	5.3	26.8	23.9	0.7	2.9	11.6
2001 .....	100.0	88.3	68.4	63.9	5.0	25.9	22.7	0.6	3.3	11.7
2000 <sup>3</sup> .....	100.0	88.1	69.8	65.6	5.0	24.4	20.9	0.7	3.5	11.9
1999 <sup>4</sup> .....	100.0	87.2	69.6	64.8	5.6	23.2	20.3	0.5	2.9	12.8
1999 .....	100.0	86.1	68.9	64.4	5.3	22.9	20.0	0.5	2.9	13.9
1998 .....	100.0	84.6	67.5	63.3	5.1	22.8	19.8	0.5	3.1	15.4
1997 <sup>5</sup> .....	100.0	85.0	66.9	62.6	5.1	23.4	20.5	0.6	3.0	15.0
1996 .....	100.0	85.2	66.3	61.9	5.4	24.9	21.8	0.7	3.2	14.8
1995 .....	100.0	86.2	66.1	61.6	5.9	26.4	23.2	0.5	3.3	13.8
1994 <sup>6</sup> .....	100.0	85.8	65.6	60.9	6.6	26.3	22.9	0.3	3.8	14.2
1993 <sup>7</sup> .....	100.0	86.3	67.4	57.0	(NA)	26.8	23.9	0.1	3.3	13.7
1992 <sup>8</sup> .....	100.0	87.3	68.7	58.8	(NA)	25.2	22.0	0.1	3.5	12.7
1991 .....	100.0	87.3	69.7	60.0	(NA)	23.9	20.4	0.1	3.7	12.7
1990 .....	100.0	87.0	71.1	61.2	(NA)	21.9	18.5	0.1	3.7	13.0
1989 .....	100.0	86.7	73.6	63.1	(NA)	19.2	15.7	0.1	3.8	13.3
1988 .....	100.0	86.9	73.5	63.8	(NA)	19.2	15.6	0.1	3.9	13.1
1987 <sup>9</sup> .....	100.0	87.1	73.6	63.9	(NA)	19.0	15.2	0.1	4.0	12.9

See footnotes at end of table.

Table C-2.  
**Health Insurance Coverage by Age: 1987 to 2005—Con.**

(Numbers in thousands. People as of March of the following year)

Age and year	Total people	Covered by private and/or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>18 TO 24 YEARS</b>										
<b>Numbers</b>										
2005	27,965	19,399	16,349	13,180	1,553	4,202	3,292	186	872	8,566
2004 <sup>2</sup>	28,008	19,418	16,388	13,007	1,565	4,107	3,293	208	799	8,590
2004	27,972	19,200	16,229	12,966	1,495	4,022	3,196	212	804	8,772
2003	27,824	19,410	16,526	13,434	1,596	3,929	3,016	176	902	8,414
2002	27,438	19,310	16,562	13,429	1,566	3,738	2,909	183	779	8,128
2001	27,312	19,640	17,012	13,766	1,634	3,642	2,831	180	742	7,673
2000 <sup>3</sup>	26,815	19,409	17,086	14,151	1,533	3,361	2,508	207	805	7,406
1999 <sup>4</sup>	26,326	18,990	16,542	13,558	1,564	3,485	2,684	152	787	7,336
1999	26,532	18,844	16,438	13,535	1,469	3,450	2,643	152	798	7,688
1998	25,967	18,191	15,872	13,108	1,514	3,347	2,538	149	795	7,776
1997 <sup>5</sup>	25,201	17,619	15,256	12,638	1,558	3,283	2,555	155	692	7,582
1996	24,987	17,770	15,066	12,423	1,528	3,750	2,909	156	829	7,217
1995	24,843	17,847	14,961	12,492	1,688	4,018	3,003	129	1,034	6,997
1994 <sup>6</sup>	25,158	18,446	15,528	12,895	1,854	4,246	3,179	89	1,179	6,712
1993 <sup>7</sup>	25,475	18,645	15,668	11,133	(NA)	4,087	2,976	148	1,115	6,830
1992 <sup>8</sup>	25,717	18,146	15,155	10,981	(NA)	3,826	2,875	178	964	7,570
1991	24,436	17,851	15,168	11,474	(NA)	3,405	2,477	163	940	6,585
1990	24,901	18,408	15,913	11,999	(NA)	3,270	2,204	161	1,094	6,493
1989	25,311	18,954	16,638	12,929	(NA)	3,114	2,057	167	1,031	6,357
1988	25,628	19,354	16,965	13,098	(NA)	3,082	2,033	170	1,007	6,274
1987 <sup>9</sup>	26,053	19,945	17,434	13,429	(NA)	3,280	1,968	196	1,273	6,108
<b>Percents</b>										
2005	100.0	69.4	58.5	47.1	5.6	15.0	11.8	0.7	3.1	30.6
2004 <sup>2</sup>	100.0	69.3	58.5	46.4	5.6	14.7	11.8	0.7	2.9	30.7
2004	100.0	68.6	58.0	46.4	5.3	14.4	11.4	0.8	2.9	31.4
2003	100.0	69.8	59.4	48.3	5.7	14.1	10.8	0.6	3.2	30.2
2002	100.0	70.4	60.4	48.9	5.7	13.6	10.6	0.7	2.8	29.6
2001	100.0	71.9	62.3	50.4	6.0	13.3	10.4	0.7	2.7	28.1
2000 <sup>3</sup>	100.0	72.4	63.7	52.8	5.7	12.5	9.4	0.8	3.0	27.6
1999 <sup>4</sup>	100.0	72.1	62.8	51.5	5.9	13.2	10.2	0.6	3.0	27.9
1999	100.0	71.0	62.0	51.0	5.5	13.0	10.0	0.6	3.0	29.0
1998	100.0	70.1	61.1	50.5	5.8	12.9	9.8	0.6	3.1	29.9
1997 <sup>5</sup>	100.0	69.9	60.5	50.1	6.2	13.0	10.1	0.6	2.7	30.1
1996	100.0	71.1	60.3	49.7	6.1	15.0	11.6	0.6	3.3	28.9
1995	100.0	71.8	60.2	50.3	6.8	16.2	12.1	0.5	4.2	28.2
1994 <sup>6</sup>	100.0	73.3	61.7	51.3	7.4	16.9	12.6	0.4	4.7	26.7
1993 <sup>7</sup>	100.0	73.2	61.5	43.7	(NA)	16.0	11.7	0.6	4.4	26.8
1992 <sup>8</sup>	100.0	70.6	58.9	42.7	(NA)	14.9	11.2	0.7	3.7	29.4
1991	100.0	73.1	62.1	47.0	(NA)	13.9	10.1	0.7	3.8	26.9
1990	100.0	73.9	63.9	48.2	(NA)	13.1	8.9	0.6	4.4	26.1
1989	100.0	74.9	65.7	51.1	(NA)	12.3	8.1	0.7	4.1	25.1
1988	100.0	75.5	66.2	51.1	(NA)	12.0	7.9	0.7	3.9	24.5
1987 <sup>9</sup>	100.0	76.6	66.9	51.5	(NA)	12.6	7.6	0.8	4.9	23.4

See footnotes at end of table.

Table C-2.  
**Health Insurance Coverage by Age: 1987 to 2005—Con.**

(Numbers in thousands. People as of March of the following year)

Age and year	Total people	Covered by private and/or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>25 TO 34 YEARS</b>										
<b>Numbers</b>										
2005 .....	39,480	29,069	25,489	23,683	2,234	4,753	3,451	541	1,058	10,412
2004 <sup>2</sup> .....	39,310	29,287	25,902	24,113	2,309	4,646	3,474	479	989	10,023
2004 .....	39,307	29,130	25,765	24,027	2,266	4,578	3,408	482	982	10,177
2003 .....	39,201	28,856	25,606	23,946	2,058	4,210	3,073	538	898	10,345
2002 .....	39,243	29,474	26,492	24,800	2,098	3,944	2,801	455	922	9,769
2001 .....	38,670	29,619	26,905	25,306	2,072	3,653	2,587	489	817	9,051
2000 <sup>3</sup> .....	38,865	30,358	27,755	26,211	2,033	3,551	2,480	403	922	8,507
1999 <sup>4</sup> .....	39,031	30,309	27,730	26,153	2,114	3,578	2,458	332	974	8,723
1999 .....	37,786	29,031	26,567	25,150	1,939	3,429	2,344	323	940	8,755
1998 .....	38,474	29,347	26,726	25,096	2,049	3,616	2,476	423	991	9,127
1997 <sup>5</sup> .....	39,354	30,192	27,138	25,496	2,157	3,956	2,842	365	1,011	9,163
1996 .....	40,256	31,283	27,915	26,205	2,325	4,508	3,264	433	1,086	8,974
1995 .....	40,919	31,561	27,938	26,020	2,601	4,722	3,496	364	1,146	9,357
1994 <sup>6</sup> .....	41,388	32,274	28,386	26,417	2,874	5,261	3,748	359	1,435	9,115
1993 <sup>7</sup> .....	41,946	32,869	28,629 <sup>1</sup>	25,432	(NA)	5,345	4,002	515	1,176	9,076
1992 <sup>8</sup> .....	42,356	33,389	28,994	26,164	(NA)	5,277	3,774	576	1,283	8,967
1991 .....	42,496	33,940	29,808	27,103	(NA)	5,031	3,542	495	1,327	8,555
1990 .....	42,905	34,581	30,875	27,920	(NA)	4,634	3,185	471	1,296	8,324
1989 .....	43,240	35,326	31,912	28,867	(NA)	4,217	2,692	363	1,396	7,914
1988 .....	43,239	35,319	31,996	29,140	(NA)	4,195	2,699	342	1,374	7,920
1987 <sup>9</sup> .....	42,953	35,645	32,296	29,198	(NA)	4,247	2,702	405	1,423	7,308
<b>Percents</b>										
2005 .....	100.0	73.6	64.6	60.0	5.7	12.0	8.7	1.4	2.7	26.4
2004 <sup>2</sup> .....	100.0	74.5	65.9	61.3	5.9	11.8	8.8	1.2	2.5	25.5
2004 .....	100.0	74.1	65.5	61.1	5.8	11.6	8.7	1.2	2.5	25.9
2003 .....	100.0	73.6	65.3	61.1	5.2	10.7	7.8	1.4	2.3	26.4
2002 .....	100.0	75.1	67.5	63.2	5.3	10.1	7.1	1.2	2.3	24.9
2001 .....	100.0	76.6	69.6	65.4	5.4	9.4	6.7	1.3	2.1	23.4
2000 <sup>3</sup> .....	100.0	78.1	71.4	67.4	5.2	9.1	6.4	1.0	2.4	21.9
1999 <sup>4</sup> .....	100.0	77.7	71.0	67.0	5.4	9.2	6.3	0.8	2.5	22.3
1999 .....	100.0	76.8	70.3	66.6	5.1	9.1	6.2	0.9	2.5	23.2
1998 .....	100.0	76.3	69.5	65.2	5.3	9.4	6.4	1.1	2.6	23.7
1997 <sup>5</sup> .....	100.0	76.7	69.0	64.8	5.5	10.1	7.2	0.9	2.6	23.3
1996 .....	100.0	77.7	69.3	65.1	5.8	11.2	8.1	1.1	2.7	22.3
1995 .....	100.0	77.1	68.3	63.6	6.4	11.5	8.5	0.9	2.8	22.9
1994 <sup>6</sup> .....	100.0	78.0	68.6	63.8	6.9	12.7	9.1	0.9	3.5	22.0
1993 <sup>7</sup> .....	100.0	78.4	68.3	60.6	(NA)	12.7	9.5	1.2	2.8	21.6
1992 <sup>8</sup> .....	100.0	78.8	68.5	61.8	(NA)	12.5	8.9	1.4	3.0	21.2
1991 .....	100.0	79.9	70.1	63.8	(NA)	11.8	8.3	1.2	3.1	20.1
1990 .....	100.0	80.6	72.0	65.1	(NA)	10.8	7.4	1.1	3.0	19.4
1989 .....	100.0	81.7	73.8	66.8	(NA)	9.8	6.2	0.8	3.2	18.3
1988 .....	100.0	81.7	74.0	67.4	(NA)	9.7	6.2	0.8	3.2	18.3
1987 <sup>9</sup> .....	100.0	83.0	75.2	68.0	(NA)	9.9	6.3	0.9	3.3	17.0

See footnotes at end of table.

Table C-2.  
**Health Insurance Coverage by Age: 1987 to 2005—Con.**

(Numbers in thousands. People as of March of the following year)

Age and year	Total people	Covered by private and/or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>35 TO 44 YEARS</b>										
<b>Numbers</b>										
2005 .....	43,121	35,031	31,703	29,554	2,799	4,628	3,087	885	1,099	8,090
2004 <sup>2</sup> .....	43,351	35,257	31,871	29,777	2,799	4,721	3,194	902	1,122	8,093
2004 .....	43,350	35,240	31,883	29,824	2,773	4,680	3,135	900	1,129	8,110
2003 .....	43,573	35,688	32,533	30,386	2,793	4,420	2,860	940	1,111	7,885
2002 .....	44,074	36,292	33,240	31,180	2,817	4,240	2,728	881	1,121	7,781
2001 .....	44,284	37,153	34,315	32,386	2,649	4,003	2,532	860	1,066	7,131
2000 <sup>3</sup> .....	44,566	37,669	35,033	33,004	2,723	3,920	2,390	780	1,206	6,898
1999 <sup>4</sup> .....	44,474	37,748	34,908	32,620	3,151	4,028	2,390	825	1,257	6,726
1999 .....	44,805	37,428	34,624	32,423	3,057	3,988	2,340	856	1,256	7,377
1998 .....	44,744	37,036	34,134	32,019	2,937	4,190	2,579	749	1,232	7,708
1997 <sup>5</sup> .....	44,462	36,763	33,673	31,560	2,897	4,257	2,700	878	1,161	7,699
1996 .....	43,960	36,809	33,448	31,231	3,074	4,657	3,109	767	1,173	7,152
1995 .....	43,078	35,946	32,813	30,552	3,250	4,399	2,863	775	1,210	7,132
1994 <sup>6</sup> .....	42,334	35,555	32,271	29,894	3,714	4,628	2,918	711	1,415	6,780
1993 <sup>7</sup> .....	41,528	34,537	31,441	28,115	(NA)	4,189	2,619	647	1,276	6,991
1992 <sup>8</sup> .....	40,747	34,332	31,261	28,252	(NA)	3,990	2,310	718	1,324	6,415
1991 .....	39,578	33,902	31,118	28,339	(NA)	3,710	2,036	559	1,414	5,676
1990 .....	38,665	33,534	31,046	28,136	(NA)	3,542	1,894	578	1,368	5,131
1989 .....	37,195	32,541	30,329	27,641	(NA)	3,156	1,598	514	1,300	4,654
1988 .....	35,873	31,294	29,168	26,651	(NA)	3,126	1,506	463	1,397	4,579
1987 <sup>9</sup> .....	34,692	30,557	28,353	25,868	(NA)	3,186	1,590	447	1,373	4,135
<b>Percents</b>										
2005 .....	100.0	81.2	73.5	68.5	6.5	10.7	7.2	2.1	2.5	18.8
2004 <sup>2</sup> .....	100.0	81.3	73.5	68.7	6.5	10.9	7.4	2.1	2.6	18.7
2004 .....	100.0	81.3	73.5	68.8	6.4	10.8	7.2	2.1	2.6	18.7
2003 .....	100.0	81.9	74.7	69.7	6.4	10.1	6.6	2.2	2.6	18.1
2002 .....	100.0	82.3	75.4	70.7	6.4	9.6	6.2	2.0	2.5	17.7
2001 .....	100.0	83.9	77.5	73.1	6.0	9.0	5.7	1.9	2.4	16.1
2000 <sup>3</sup> .....	100.0	84.5	78.6	74.1	6.1	8.8	5.4	1.8	2.7	15.5
1999 <sup>4</sup> .....	100.0	84.9	78.5	73.3	7.1	9.1	5.4	1.9	2.8	15.1
1999 .....	100.0	83.5	77.3	72.4	6.8	8.9	5.2	1.9	2.8	16.5
1998 .....	100.0	82.8	76.3	71.6	6.6	9.4	5.8	1.7	2.8	17.2
1997 <sup>5</sup> .....	100.0	82.7	75.7	71.0	6.5	9.6	6.1	2.0	2.6	17.3
1996 .....	100.0	83.7	76.1	71.0	7.0	10.6	7.1	1.7	2.7	16.3
1995 .....	100.0	83.4	76.2	70.9	7.5	10.2	6.6	1.8	2.8	16.6
1994 <sup>6</sup> .....	100.0	84.0	76.2	70.6	8.8	10.9	6.9	1.7	3.3	16.0
1993 <sup>7</sup> .....	100.0	83.2	75.7	67.7	(NA)	10.1	6.3	1.6	3.1	16.8
1992 <sup>8</sup> .....	100.0	84.3	76.7	69.3	(NA)	9.8	5.7	1.8	3.2	15.7
1991 .....	100.0	85.7	78.6	71.6	(NA)	9.4	5.1	1.4	3.6	14.3
1990 .....	100.0	86.7	80.3	72.8	(NA)	9.2	4.9	1.5	3.5	13.3
1989 .....	100.0	87.5	81.5	74.3	(NA)	8.5	4.3	1.4	3.5	12.5
1988 .....	100.0	87.2	81.3	74.3	(NA)	8.7	4.2	1.3	3.9	12.8
1987 <sup>9</sup> .....	100.0	88.1	81.7	74.6	(NA)	9.2	4.6	1.3	4.0	11.9

See footnotes at end of table.

Table C-2.  
**Health Insurance Coverage by Age: 1987 to 2005—Con.**

(Numbers in thousands. People as of March of the following year)

Age and year	Total people	Covered by private and/or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>45 TO 54 YEARS</b>										
<b>Numbers</b>										
2005 .....	42,797	36,272	32,790	30,341	3,366	4,957	2,837	1,591	1,356	6,525
2004 <sup>2</sup> .....	41,961	35,712	32,380	30,016	3,249	4,893	2,656	1,552	1,421	6,249
2004 .....	41,960	35,700	32,414	30,088	3,215	4,847	2,595	1,548	1,425	6,260
2003 .....	41,068	35,108	32,000	29,722	3,198	4,569	2,359	1,569	1,369	5,961
2002 .....	40,234	34,648	31,724	29,617	3,087	4,345	2,227	1,382	1,351	5,586
2001 .....	39,545	34,365	31,649	29,487	3,087	3,990	2,071	1,331	1,170	5,179
2000 <sup>3</sup> .....	38,720	33,955	31,373	29,329	3,042	3,964	1,996	1,384	1,169	4,764
1999 <sup>4</sup> .....	37,334	32,640	30,230	28,156	3,180	3,682	1,769	1,162	1,244	4,694
1999 .....	36,631	31,737	29,440	27,489	3,034	3,544	1,693	1,124	1,209	4,893
1998 .....	35,232	30,427	28,153	26,400	2,782	3,522	1,610	1,139	1,225	4,805
1997 <sup>5</sup> .....	34,057	29,319	27,063	25,099	2,967	3,677	1,766	1,133	1,281	4,738
1996 .....	33,013	28,504	26,266	24,329	2,889	3,705	1,875	948	1,282	4,509
1995 .....	31,584	27,398	25,269	23,332	3,227	3,495	1,756	856	1,267	4,186
1994 <sup>6</sup> .....	30,693	26,752	24,874	22,897	3,330	3,342	1,499	794	1,406	3,942
1993 <sup>7</sup> .....	29,522	25,424	23,332	20,654	(NA)	3,248	1,546	812	1,244	4,098
1992 <sup>8</sup> .....	28,332	24,311	22,354	19,862	(NA)	2,929	1,326	746	1,155	4,021
1991 .....	27,025	23,695	21,973	19,751	(NA)	2,797	1,186	671	1,174	3,331
1990 .....	25,686	22,381	20,712	18,485	(NA)	2,645	1,124	644	1,161	3,306
1989 .....	25,304	22,167	20,658	18,437	(NA)	2,497	1,017	582	1,123	3,137
1988 .....	24,622	21,686	20,171	18,131	(NA)	2,574	984	567	1,247	2,935
1987 <sup>9</sup> .....	23,861	21,167	19,765	17,574	(NA)	2,344	890	495	1,151	2,695
<b>Percents</b>										
2005 .....	100.0	84.8	76.6	70.9	7.9	11.6	6.6	3.7	3.2	15.2
2004 <sup>2</sup> .....	100.0	85.1	77.2	71.5	7.7	11.7	6.3	3.7	3.4	14.9
2004 .....	100.0	85.1	77.2	71.7	7.7	11.6	6.2	3.7	3.4	14.9
2003 .....	100.0	85.5	77.9	72.4	7.8	11.1	5.7	3.8	3.3	14.5
2002 .....	100.0	86.1	78.8	73.6	7.7	10.8	5.5	3.4	3.4	13.9
2001 .....	100.0	86.9	80.0	74.6	7.8	10.1	5.2	3.4	3.0	13.1
2000 <sup>3</sup> .....	100.0	87.7	81.0	75.7	7.9	10.2	5.2	3.6	3.0	12.3
1999 <sup>4</sup> .....	100.0	87.4	81.0	75.4	8.5	9.9	4.7	3.1	3.3	12.6
1999 .....	100.0	86.6	80.4	75.0	8.3	9.7	4.6	3.1	3.3	13.4
1998 .....	100.0	86.4	79.9	74.9	7.9	10.0	4.6	3.2	3.5	13.6
1997 <sup>5</sup> .....	100.0	86.1	79.5	73.7	8.7	10.8	5.2	3.3	3.8	13.9
1996 .....	100.0	86.3	79.6	73.7	8.8	11.2	5.7	2.9	3.9	13.7
1995 .....	100.0	86.7	80.0	73.9	10.2	11.1	5.6	2.7	4.0	13.3
1994 <sup>6</sup> .....	100.0	87.2	81.0	74.6	10.8	10.9	4.9	2.6	4.6	12.8
1993 <sup>7</sup> .....	100.0	86.1	79.0	70.0	(NA)	11.0	5.2	2.8	4.2	13.9
1992 <sup>8</sup> .....	100.0	85.8	78.9	70.1	(NA)	10.3	4.7	2.6	4.1	14.2
1991 .....	100.0	87.7	81.3	73.1	(NA)	10.3	4.4	2.5	4.3	12.3
1990 .....	100.0	87.1	80.6	72.0	(NA)	10.3	4.4	2.5	4.5	12.9
1989 .....	100.0	87.6	81.6	72.9	(NA)	9.9	4.0	2.3	4.4	12.4
1988 .....	100.0	88.1	81.9	73.6	(NA)	10.5	4.0	2.3	5.1	11.9
1987 <sup>9</sup> .....	100.0	88.7	82.8	73.7	(NA)	9.8	3.7	2.1	4.8	11.3

See footnotes at end of table.

Table C-2.  
**Health Insurance Coverage by Age: 1987 to 2005—Con.**

(Numbers in thousands. People as of March of the following year)

Age and year	Total people	Covered by private and/or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>55 TO 64 YEARS</b>										
<b>Numbers</b>										
2005 .....	30,981	26,766	23,096	20,654	3,146	5,903	2,334	2,711	1,914	4,215
2004 <sup>2</sup> .....	29,536	25,628	22,202	19,843	3,109	5,475	2,092	2,644	1,783	3,908
2004 .....	29,532	25,596	22,174	19,872	3,066	5,442	2,036	2,651	1,785	3,936
2003 .....	28,375	24,679	21,569	19,324	2,987	4,893	1,757	2,494	1,471	3,696
2002 .....	27,399	23,879	20,797	18,505	3,071	4,882	1,773	2,392	1,482	3,521
2001 .....	25,874	22,482	19,581	17,521	2,761	4,567	1,807	2,301	1,220	3,392
2000 <sup>3</sup> .....	24,672	21,312	18,614	16,444	2,936	4,185	1,731	2,159	1,024	3,360
1999 <sup>4</sup> .....	23,981	20,785	18,335	16,195	2,932	4,033	1,551	2,084	1,053	3,196
1999 .....	23,387	19,992	17,654	15,662	2,763	3,874	1,474	2,024	1,014	3,395
1998 .....	22,909	19,475	17,179	15,210	2,688	3,844	1,415	2,016	1,077	3,434
1997 <sup>5</sup> .....	22,255	19,065	16,748	14,466	3,052	3,771	1,509	1,794	1,095	3,190
1996 .....	21,475	18,501	16,258	14,031	3,087	3,916	1,577	1,822	1,052	2,974
1995 .....	21,084	18,270	16,124	14,098	3,056	3,790	1,415	1,660	1,231	2,814
1994 <sup>6</sup> .....	20,755	17,878	15,735	13,496	3,202	3,836	1,295	1,545	1,471	2,877
1993 <sup>7</sup> .....	20,737	17,957	15,938	13,291	(NA)	3,499	1,204	1,536	1,234	2,781
1992 <sup>8</sup> .....	20,528	17,925	15,876	13,212	(NA)	3,540	1,152	1,624	1,242	2,603
1991 .....	21,150	18,520	16,479	13,613	(NA)	3,681	1,234	1,589	1,362	2,630
1990 .....	21,345	18,660	16,586	13,691	(NA)	3,675	1,178	1,523	1,444	2,685
1989 .....	21,232	18,765	16,693	13,711	(NA)	3,715	1,144	1,575	1,490	2,467
1988 .....	21,399	19,052	16,934	13,999	(NA)	3,772	1,094	1,597	1,532	2,347
1987 <sup>9</sup> .....	21,641	19,361	17,423	14,262	(NA)	3,726	993	1,528	1,643	2,281
<b>Percents</b>										
2005 .....	100.0	86.4	74.5	66.7	10.2	19.1	7.5	8.7	6.2	13.6
2004 <sup>2</sup> .....	100.0	86.8	75.2	67.2	10.5	18.5	7.1	9.0	6.0	13.2
2004 .....	100.0	86.7	75.1	67.3	10.4	18.4	6.9	9.0	6.0	13.3
2003 .....	100.0	87.0	76.0	68.1	10.5	17.2	6.2	8.8	5.2	13.0
2002 .....	100.0	87.2	75.9	67.5	11.2	17.8	6.5	8.7	5.4	12.8
2001 .....	100.0	86.9	75.7	67.7	10.7	17.7	7.0	8.9	4.7	13.1
2000 <sup>3</sup> .....	100.0	86.4	75.4	66.7	11.9	17.0	7.0	8.8	4.2	13.6
1999 <sup>4</sup> .....	100.0	86.7	76.5	67.5	12.2	16.8	6.5	8.7	4.4	13.3
1999 .....	100.0	85.5	75.5	67.0	11.8	16.6	6.3	8.7	4.3	14.5
1998 .....	100.0	85.0	75.0	66.4	11.7	16.8	6.2	8.8	4.7	15.0
1997 <sup>5</sup> .....	100.0	85.7	75.3	65.0	13.7	16.9	6.8	8.1	4.9	14.3
1996 .....	100.0	86.2	75.7	65.3	14.4	18.2	7.3	8.5	4.9	13.8
1995 .....	100.0	86.7	76.5	66.9	14.5	18.0	6.7	7.9	5.8	13.3
1994 <sup>6</sup> .....	100.0	86.1	75.8	65.0	15.4	18.5	6.2	7.4	7.1	13.9
1993 <sup>7</sup> .....	100.0	86.6	76.9	64.1	(NA)	16.9	5.8	7.4	6.0	13.4
1992 <sup>8</sup> .....	100.0	87.3	77.3	64.4	(NA)	17.2	5.6	7.9	6.1	12.7
1991 .....	100.0	87.6	77.9	64.4	(NA)	17.4	5.8	7.5	6.4	12.4
1990 .....	100.0	87.4	77.7	64.1	(NA)	17.2	5.5	7.1	6.8	12.6
1989 .....	100.0	88.4	78.6	64.6	(NA)	17.5	5.4	7.4	7.0	11.6
1988 .....	100.0	89.0	79.1	65.4	(NA)	17.6	5.1	7.5	7.2	11.0
1987 <sup>9</sup> .....	100.0	89.5	80.5	65.9	(NA)	17.2	4.6	7.1	7.6	10.5

See footnotes at end of table.



Table C-2.  
**Health Insurance Coverage by Age: 1987 to 2005—Con.**

(Numbers in thousands. People as of March of the following year)

Age and year	Total people	Covered by private and/or government health insurance								Not covered
		Total	Private health insurance			Government health insurance				
			Total	Employment based	Direct purchase	Total	Medicaid	Medicare	Military health care <sup>1</sup>	
<b>65 YEARS AND OVER</b>										
<b>Numbers</b>										
2005 .....	35,505	35,046	21,078	12,666	9,650	33,862	3,397	33,727	2,611	459
2004 <sup>2</sup> .....	35,209	34,717	21,143	12,388	9,913	33,557	3,335	33,420	2,504	493
2004 .....	35,213	34,916	21,336	12,505	9,979	33,595	3,297	33,452	2,509	297
2003 .....	34,659	34,373	21,159	12,204	9,962	33,345	3,190	33,257	2,206	286
2002 .....	34,234	33,976	20,685	11,583	10,135	32,813	3,283	32,631	2,259	258
2001 .....	33,769	33,498	20,751	11,645	10,229	32,618	3,270	32,458	2,156	272
2000 <sup>3</sup> .....	33,566	33,314	20,702	11,278	10,671	32,398	3,339	32,289	1,410	251
1999 <sup>4</sup> .....	33,377	33,109	20,796	11,584	10,422	32,083	2,956	32,004	1,257	268
1999 .....	32,621	32,199	20,054	11,169	10,049	31,312	2,917	31,231	1,232	422
1998 .....	32,394	32,036	20,171	11,150	10,312	31,167	2,962	31,085	1,186	358
1997 <sup>5</sup> .....	32,082	31,749	20,687	10,963	10,853	30,942	2,901	30,870	1,125	333
1996 .....	31,877	31,541	21,224	10,948	11,567	30,714	3,215	30,616	998	336
1995 .....	31,658	31,358	21,754	11,137	12,148	30,597	2,820	30,521	1,152	300
1994 <sup>6</sup> .....	31,267	30,977	21,259	11,071	11,742	30,291	2,875	30,176	1,550	290
1993 <sup>7</sup> .....	30,779	30,416	20,324	9,947	(NA)	29,490	2,709	29,390	1,208	363
1992 <sup>8</sup> .....	30,430	30,082	20,643	9,944	(NA)	29,387	2,869	29,290	1,163	349
1991 .....	30,590	30,301	20,715	10,114	(NA)	29,465	2,891	29,377	1,178	289
1990 .....	30,093	29,816	20,566	10,002	(NA)	28,898	2,582	28,795	1,151	276
1989 .....	29,566	29,258	20,003	9,448	(NA)	28,337	2,576	28,251	1,105	308
1988 .....	29,022	28,747	19,841	9,171	(NA)	27,831	2,451	27,724	1,079	275
1987 <sup>9</sup> .....	28,487	28,181	20,127	8,830	(NA)	27,428	2,387	27,333	1,113	306
<b>Percents</b>										
2005 .....	100.0	98.7	59.4	35.7	27.2	95.4	9.6	95.0	7.4	1.3
2004 <sup>2</sup> .....	100.0	98.6	60.0	35.2	28.2	95.3	9.5	94.9	7.1	1.4
2004 .....	100.0	99.2	60.6	35.5	28.3	95.4	9.4	95.0	7.1	0.8
2003 .....	100.0	99.2	61.0	35.2	28.7	96.2	9.2	96.0	6.4	0.8
2002 .....	100.0	99.2	60.4	33.8	29.6	95.8	9.6	95.3	6.6	0.8
2001 .....	100.0	99.2	61.5	34.5	30.3	96.6	9.7	96.1	6.4	0.8
2000 <sup>3</sup> .....	100.0	99.3	61.7	33.6	31.8	96.5	9.9	96.2	4.2	0.7
1999 <sup>4</sup> .....	100.0	99.2	62.3	34.7	31.2	96.1	8.9	95.9	3.8	0.8
1999 .....	100.0	98.7	61.5	34.2	30.8	96.0	8.9	95.7	3.8	1.3
1998 .....	100.0	98.9	62.3	34.4	31.8	96.2	9.1	96.0	3.7	1.1
1997 <sup>5</sup> .....	100.0	99.0	64.5	34.2	33.8	96.4	9.0	96.2	3.5	1.0
1996 .....	100.0	98.9	66.6	34.3	36.3	96.4	10.1	96.0	3.1	1.1
1995 .....	100.0	99.1	68.7	35.2	38.4	96.6	8.9	96.4	3.6	0.9
1994 <sup>6</sup> .....	100.0	99.1	68.0	35.4	37.6	96.9	9.2	96.5	5.0	0.9
1993 <sup>7</sup> .....	100.0	98.8	66.0	32.3	(NA)	95.8	8.8	95.5	3.9	1.2
1992 <sup>8</sup> .....	100.0	98.9	67.8	32.7	(NA)	96.6	9.4	96.3	3.8	1.1
1991 .....	100.0	99.1	67.7	33.1	(NA)	96.3	9.5	96.0	3.9	0.9
1990 .....	100.0	99.1	68.3	33.2	(NA)	96.0	8.6	95.7	3.8	0.9
1989 .....	100.0	99.0	67.7	32.0	(NA)	95.8	8.7	95.6	3.7	1.0
1988 .....	100.0	99.1	68.4	31.6	(NA)	95.9	8.4	95.5	3.7	0.9
1987 <sup>9</sup> .....	100.0	98.9	70.7	31.0	(NA)	96.3	8.4	95.9	3.9	1.1

(NA) Not available. Respondents were not asked detailed health insurance questions about direct-purchase coverage before the 1995 CPS ASEC.

<sup>1</sup> Military health care includes CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Health and Medical Program of the Department of Veterans Affairs and care provided by the Department of Veterans Affairs and the military.

<sup>2</sup> The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. The estimates also reflect improvements to the algorithm that assigns coverage to dependents.

<sup>3</sup> Implementation of a 28,000 household sample expansion.

<sup>4</sup> Estimates reflect the results of follow-up verification questions and implementation of Census 2000-based population controls.

<sup>5</sup> Beginning with the 1998 CPS ASEC, people with no coverage other than access to Indian Health Service are no longer considered covered by health insurance; instead, they are considered to be uninsured. The effect of this change on the overall estimates of health insurance coverage is negligible; however, the decrease in the number of people covered by Medicaid may be partially due to this change.

<sup>6</sup> Health insurance questions were redesigned. Increases in estimates of employment-based and military health care coverage may be partially due to questionnaire changes.

<sup>7</sup> Overall coverage estimates were not affected.

<sup>8</sup> Data collection method changed from paper and pencil to computer-assisted interviewing.

<sup>9</sup> Implementation of 1990 census population controls.

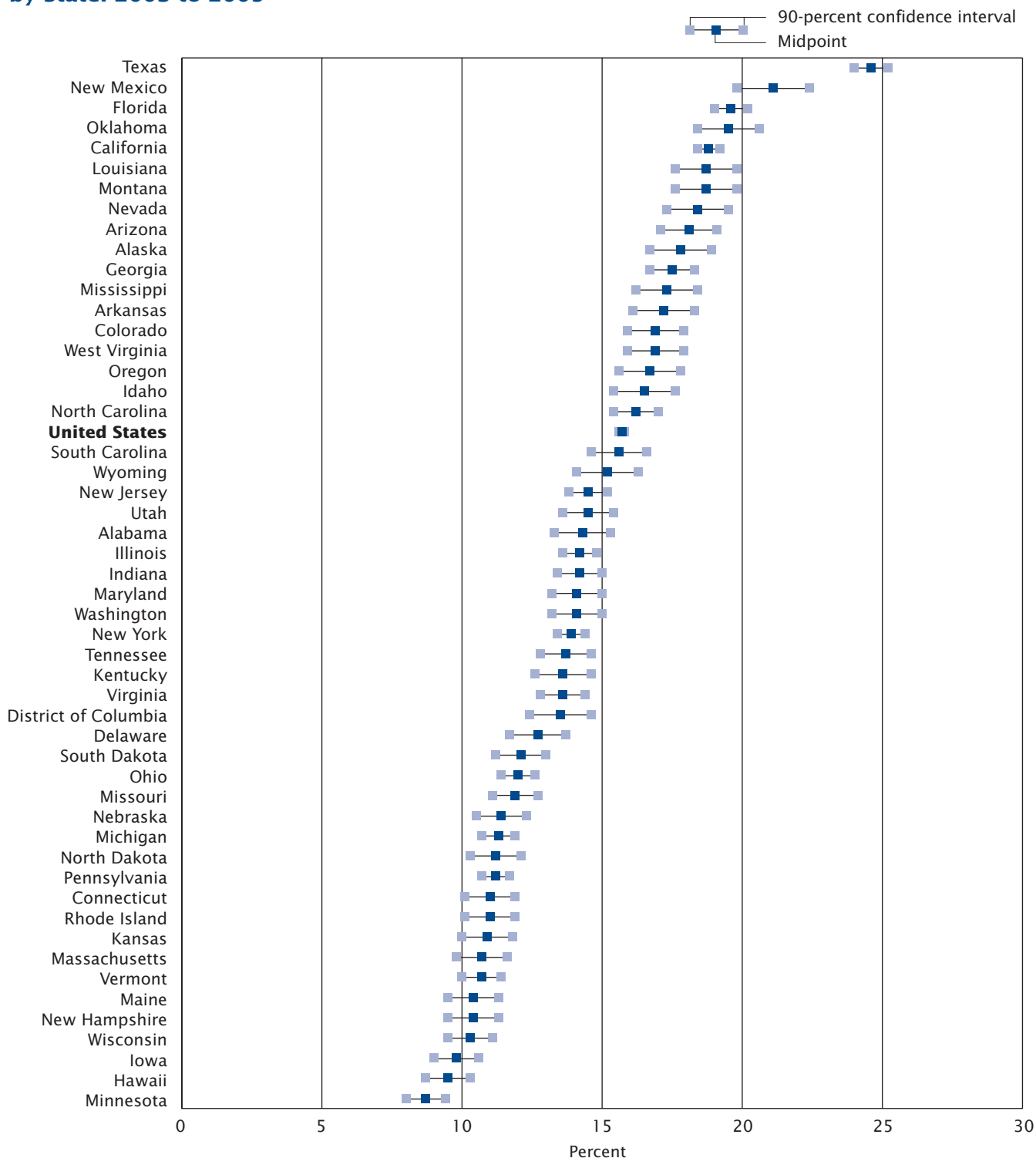
<sup>10</sup> Implementation of a new CPS ASEC processing system.

Source: U.S. Census Bureau, Current Population Survey, 1988 to 2006 Annual Social and Economic Supplements.

## APPENDIX D. COMPARISON OF STATE ESTIMATES

Figure D-1

### Three-Year Average Percentage of People Without Health Insurance Coverage by State: 2003 to 2005



Source: U.S. Census Bureau, Current Population Survey, 2004 to 2006 Annual Social and Economic Supplements.

